(Please list the name of your Dental Study Club here)

**Study Club Course Information Sheet 2020-2021**
**2021MDARSC**

Once you complete your meeting, please fill out the following information and return this form with the sign-in roster to:  **Mississippi Dental Association**, 439 B Katherine Drive, Flowood, MS  39232
FAX (601)664-9796 or scan and e-mail:  [office@msdental.org](mailto:office@msdental.org)

(Please type or print)

**Course Title (must be ten words or less)**

**Course Description (brief summary of what the course is about)**

**Course Location (address of where program will be presented- city, state, zip)**

**Date(s) course presented**

<table>
<thead>
<tr>
<th>Number of hours for course presentation (CEUs)</th>
<th>Course Designed for (check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>_______</td>
<td>__ General dentist   __ Specialist__________</td>
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<td>__ Hygienist   __ Assistant</td>
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<td>__ Lab Technician   __ Other</td>
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</table>

**Course Type (check one)   __ Lecture       __ Participation**

| Subject Area ____________ | (Ex: anesthesia, pain control, geriatric dentistry, oral pathology, periodontics, implants, radiology, practice administration, dental materials, infection control, oral surgery, prosthodontics, esthetics or other areas) |

**Presenter (who will present the course)**

**Credentials of the Presenter (education degrees, certification, etc.)**

**Phone number or e-mail address of presenter**

*I certify that the information listed on this sheet is correct.*

**Authorizing Signature__________________________________________   Date _____________________________**

**I can be contacted at: (_____) ___________________  E-mail:____________________________**

(make copies as needed)