

ATLANTIC COAST DENTAL RESEARCH CLINIC

COURSE REGISTRATION 2010 – 2011

Florida licensed dentists, Registered Dental Hygienists and Certified Dental Assistants, are eligible to apply for active membership to the Atlantic Coast Dental Research Clinic. This professional organization offers the highest quality continuing education programs for the progressive dental professional. The quantity and variety of courses available will provide an unlimited number of years of educational advancement.

Courses have limited enrollment. Your prompt registration will assure your choice of continuing education courses. **DEADLINE:** October 1, 2010. Once assignments are complete, you will be notified of your continuing education course.

Most sections meet for one full day per month unless otherwise noted on the clinic calendar. PLEASE RETAIN A COPY OF THE CALENDAR FOR FUTURE REFERENCE. Courses presented by the Atlantic Coast Dental Research Clinic are approved by the Academy of General Dentistry for continuing education credit. Certificates of course completion will be awarded to all active members at the end of the clinical year.

All dentists must have adequate liability coverage (\$250,000/\$750,000). Please return a copy of the face sheet of your malpractice liability policy with your registration and accompanying dues.

MEMBERSHIP DUES

Dentists, Dental Hygienists, and Dental Assistants: \$225.00

RDH and CDA employed by Dentists that are Active Research Clinic Members: \$125.00

ORAL IMPLANTOLOGY COURSE DUES: \$750.00

Dues received after October 15, 2010 will be \$250.00.

* 2010 Dental Graduates will receive free tuition for one year.

**Submit REGISTRATION, DUES, AND PROOF OF INSURANCE TO:
ATLANTIC COAST DENTAL RESEARCH CLINIC
P.O. BOX 19525
WEST PALM BEACH, FL 33416**

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Please mark your course selection:

SECTION

- Advanced Crown & Bridge
- Dental Marketing Strategies
- Cosmetic & Adhesive Dentistry
- Craniofacial Pain and TMJ Disorder
- General Medicine for Dentistry
- Current and Future Trends in Endodontics
- Implants: The Surgical and Prosthetic Management of Endosseous Root Form Implants
- New Era in Dentistry
- Oral Implantology
- Contemporary Orthodontics
- Oral Surgery in the Dental Practice
- Pediatric Dentistry
- Periodontal Esthetics & Reconstruction
- Successful Removable Prosthetics

CHAIRMAN

- Dr. Foose
- Dr. Barr
- Dr. Klein
- Dr. Abdel-Fattah
- Dr. Schwartz
- Dr. Silberman

- Dr. Blake
- Dr. Jiveh
- Dr. Miller
- Dr. Shults
- Dr. Wayne
- Dr. Toledo
- Dr. Feldman
- Dr. Fisher

Please Type or Print:

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

TELEPHONE: _____

EMAIL ADDRESS: _____ FAX: _____

LICENSE#: _____ AGD# _____

*** I am a 2010 Dental Graduate**

I, _____ being a duly licensed Florida dentist do hereby apply for membership in the Atlantic Coast Dental Research Clinic. I certify that I am presently carrying liability insurance in the minimum amount of \$250,000/750,000. I understand it is my responsibility to attend both the didactic and clinical sessions of my chosen course.

SIGNATURE: _____ DATE: _____