



REGISTRATION FORM

**CHILD ABUSE RECOGNITION AND REPORTING
FOR DENTAL PROFESSIONALS**

Registration closes 3 days prior to the course. Please print or type.

REGISTRANT #1

First Name _____ Last Name _____

DMD DDS RDH EFDA Other _____

Date of Birth (mm/dd/yyyy) _____ License Number _____

Last 4 digits of SSN (required by the Department of State) _____

Email Address (required for course confirmation) _____

REGISTRANT #2

First Name _____ Last Name _____

DMD DDS RDH EFDA Other _____

Date of Birth (mm/dd/yyyy) _____ License Number _____

Last 4 digits of SSN (required by the Department of State) _____

Email Address (required for course confirmation) _____

REGISTRANT #3

First Name _____ Last Name _____

DMD DDS RDH EFDA Other _____

Date of Birth (mm/dd/yyyy) _____ License Number _____

Last 4 digits of SSN (required by the Department of State) _____

Email Address (required for course confirmation) _____

REGISTRANT #4

First Name _____ Last Name _____

DMD DDS RDH EFDA Other _____

Date of Birth (mm/dd/yyyy) _____ License Number _____

Last 4 digits of SSN (required by the Department of State) _____

Email Address (required for course confirmation) _____

REGISTRANT #5

First Name _____ Last Name _____

DMD DDS RDH EFDA Other _____

Date of Birth (mm/dd/yyyy) _____ License Number _____

Last 4 digits of SSN (required by the Department of State) _____

Email Address (required for course confirmation) _____

RETURN COMPLETED FORM TO:
P.O. Box 3341
Harrisburg, PA 17105

If you wish to pay via credit card, you may fax
your registration form to (717) 232-7169.

REFUND POLICY

A refund will be issued if the registration is
cancelled in writing five business days prior
to the course. No refunds will be issued for
no shows.

COURSE LOCATIONS

NORTH WEST

Friday, November 21, 2014

3 - 5 p.m.

Bayfront Convention Center, Erie

GREATER PITTSBURGH

Thursday, November 20, 2014

7 - 9 p.m.

Southpointe Golf Club, Canonsburg

Friday, November 21, 2014

8 - 10 a.m.

Pittsburgh Marriott North, Cranberry Township

CENTRAL

Friday, March 20, 2015

9 - 11 a.m.

Mountain View Country Club, Boalsburg (*State College*)

SOUTH CENTRAL

Thursday, December 4, 2014

7 - 9 p.m.

The Inn at Reading Hotel & Conference Center, Wyomissing

Tuesday, December 9, 2014

7 - 9 p.m.

The Country Club of York, York

Thursday, February 19, 2015

7 - 9 p.m.

Lancaster Host Resort & Conference Center, Lancaster

Friday, February 27, 2015

9 - 11 a.m.

Best Western Central Hotel & Conference Center, Harrisburg

NORTH EAST

Tuesday, November 25, 2014

7 - 9 p.m.

Radisson Lackawanna Station Hotel, Scranton

GREATER PHILADELPHIA

Friday, December 5, 2014

10 a.m. - Noon

Holiday Inn Conference Center, Lehigh Valley, Breinigsville

Thursday, January 29, 2015

7 - 9 p.m.

Hilton Philadelphia City Avenue, Philadelphia

Friday, January 30, 2015

9 - 11 a.m.

1 - 3 p.m.

Radisson Hotel Valley Forge, King of Prussia

PRICING AND PAYMENT

DESIGNATION	PRICE	NUMBER ATTENDING	TOTAL
PDA member dentists	\$50		\$
Hygienists, EFDAs & office personnel employed by a PDA member dentist	\$50		\$
Hygienists, EFDAs & office personnel	\$100		\$
Non-member dentists	\$200		\$
TOTAL REGISTRATION FEE: \$			

PAYMENT

My check, made payable to PDA, is enclosed.

Please charge my credit card. *PDA cannot accept debit cards.*

Mastercard

VISA

American Express

Discover

Card Number _____ Expiration Date _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Signature: _____