

Legal Questions? Ask a Lawyer: A Program for New Dentists*

This program is sponsored by the Philadelphia County Dental Society in cooperation with an Engagement Grant from the American Dental Association. The ADA requires that all of the information below be completed by program participants. Incomplete forms will not be processed for registration.

**New Dentists are defined by ADA as dentists who have graduated within the last 10 years*

NAME: _____ ADA #: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

WORK/OFFICE PHONE: _____ PERSONAL CELL PHONE: _____

NON SCHOOL EMAIL: _____

I am a CURRENT MEMBER OF: PCDS PDA ADA ASDA I am NOT CURRENTLY AN ADA MEMBER

Dental School & Year of Graduation: _____

Postgraduate Program: _____ Completion Date: _____

I have a current Pennsylvania dental license: YES NO

I have a current dental license in the following state(s): _____

I currently practice/plan to practice in: Philadelphia County/ Bucks County/ Chester County/

Delaware County/ Lehigh Valley/ Montgomery County

Office address: _____

Other location: _____

SECOND & FINAL SESSION: OCTOBER 3 – 6:30 TO 9:15 PM

DAVE & BUSTER'S – 325 NORTH COLUMBUS BLVD., PHILADELPHIA, PA 19106

REGISTRATION INCLUDES REFRESHMENTS & FREE PARKING (Parking is \$15.00 prepaid as you enter. Bring your receipt to the session. We will arrange to reimburse your credit card.)

___ Register me for Wednesday, October 3

\$15 MEMBER TUITION (PCDS, PDA, ADA, ASDA) \$20 NON-MEMBER

Refunds granted only if cancellation is received in writing by September 24

Total Payment Enclosed \$ _____

Method of Payment: Check Visa MasterCard American Express

Card # _____ Exp. Date ____/____

Signature (required for charge cards): _____

MAIL OR FAX TO PHILADELPHIA COUNTY DENTAL SOCIETY WITH PAYMENT

One Independence Place, 241 S. 6th St. - Unit #3101 - Philadelphia, PA 19106-3797

Telephone: 215-925-6050

FAX: 215-925-6998

Acknowledgment will be emailed to you – bring the acknowledgment with you for sign in at the programs.

You may submit up to 2 questions you would like the speaker/s to address:

1. _____

2. _____