

Register online at [www.padental.org/calendar](http://www.padental.org/calendar).

NOTE: Online registration is not available for PCDS member dentists and staff attending a course with the dentist. Associate Members, Liberty Enrollees and Non-Member Dentists and staff attending without a dentist, please register using this form.

Use a **SEPARATE reservation form for each person - this form may be duplicated.**

## RESERVATION FORM / 2019 LIBERTY CONTINUING EDUCATION SERIES

ATTENDEE'S FULL NAME \_\_\_\_\_

ADA # \_\_\_\_\_ DESIGNATION (DDS, DMD, RDH, EFDA, OTHER) \_\_\_\_\_

ATTENDEE'S E-MAIL \_\_\_\_\_ TEL # ( \_\_\_\_\_ )

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

INDICATE ANY DIETARY OR ACCESSIBILITY NEEDS \_\_\_\_\_

### 2019 Dates & Courses

**CE 65 – Friday, March 22 - full day includes Act 31 & medical emergencies;  
additional fee required for CPR renewal**

**CE 66 – Wednesday, May 15 - Fundamental Dentistry**

**CE 67 – Friday, September 13 - Restorative Failures**

**CE 68 – Wednesday, November 6 - Crown & Bridge**

**Full-Day Programs: select option & include the CODE NUMBER for each course you will attend (e.g., 65).**

_____ PCDS Member for all 4 FULL-DAY programs: # _____	\$480.00	<b>BEST VALUE!</b>
_____ PCDS Member for one or two FULL-DAY program: # _____	\$175.00 x _____	
no. of programs selected = _____	\$ _____	
_____ ADA Member Dentist for one FULL-DAY program: # _____	\$250.00 x _____	
no. of programs selected = _____	\$ _____	
_____ Non-Member Dentist for one FULL-DAY program: # _____	\$300.00 x _____	
no. of programs selected = _____	\$ _____	
_____ Hygienist, EFDA, non-licensed Office Personnel employed PCDS/ADA or PDA member: # _____	\$95.00 x _____ no. of programs selected = _____	\$ _____
_____ Hygienist, EFDA, non-licensed Office Personnel employed by non-member: # _____	\$125.00 x _____ no. of programs selected = _____	\$ _____

### ACT 31 PROGRAM ONLY (does not include lunch) on March 22 - CE 31

_____ PCDS/PDA Member Dentist	\$60.00
_____ Non-member Dentist	\$160.00
_____ Hygienist, EFDA or Non-Licensed Office Personnel	\$60.00
_____ <b>CPR Recertification</b> on March 22 – CE 19	\$55.00

**PAYMENT TO PDA ENCLOSED IN THE AMOUNT OF \$ \_\_\_\_\_**

Method of Payment:  check (payable to PDA)  Visa  MasterCard  American Express  Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Name on Card/Signature \_\_\_\_\_

**Mail completed form and payment to PDA, P.O. Box 3341, Harrisburg, PA 17105.**

**Forms with credit card payments can be faxed to (717) 232-7169, attn.: Rebecca Von Nieda.**

**Completed registration forms/on-line registration must be received no later than 10 business days prior to the course.  
Questions may be directed to Rebecca at [rvm@padental.org](mailto:rvm@padental.org) or (717) 234-5941, ext. 117.**

*Confirmations will be emailed to attendees. CE transcripts will be mailed to you each year in December. Each attendee is responsible for forwarding copies to the appropriate licensing or accrediting agencies (State Board, Specialty Boards, etc.).*