

4 CEs – CATEGORY I

8:15 AM	REGISTRATION & LIGHT CONTINENTAL BREAKFAST
8:30 AM – 10:30 AM	CALIFORNIA DENTAL PRACTICE ACT – 2 CEs
10:30-12:30PM	INFECTION CONTROL – 2 CEs

Date: Friday, MARCH 23, 2018

Member/Staff Cost: \$95; Non-Member/Staff Cost: \$190

Space Limited ~ Deadline to Register: March 13th ~ \$10 late fee.

Please complete registration below & fax to MCDS (472.7894)

OR mail to MCDS (175 N. Redwood Dr., Ste 130, San Rafael 94903)

Questions: Please contact MCDS at 472.7974; exec@mcdsweb.org

Location: McInnis Park Club Restaurant, 350 Smith Ranch Road, San Rafael

Start the New Year right by quickly getting up to speed on the recent changes in the California Dental Practice Act & Cal OSHA Refresher. In these entertaining, interactive classes you'll gain practical knowledge of both subjects that you can implement right away. New material includes the new duty tables for office staff, changes in ATD requirements, current PPE guidelines, and updated staff training requirements. **Bring the entire staff, so no one is left out! This course is a great opportunity to get everyone on the same page by refreshing best practices, understanding changes in a clear and concise way, plus gaining required CE credits for license renewal.**



ABOUT OUR PRESENTER

Marcella Oster, RDA, has 28 years experience in the dental industry, including working as a dental assistant and RDA for 13 years. In 1993, Marcella co-founded and was President of EcoSolutions, the first company to provide comprehensive hazardous chemical waste management services to dental offices (including processing of the chemicals). In 1999, EcoSolutions merged with the industry's largest medical waste management company.

- REGISTRATION FORM -

*Enclosed is the registration fee for myself & each of my staff
Send/Fax to: 175 N. Redwood Dr., Ste 130, San Rafael, CA 94903
Fax: 415.472.7894*

Registrant's Name: _____ <input type="checkbox"/> MCDS Member/Staff = \$95 <input type="checkbox"/> Non MCDS Member/Staff = \$190	<input type="checkbox"/> Check Enclosed Credit Card (MC or VISA) Exp. Date: _____ #: _____ Billing Zip Code: _____
Staff Name & Title: _____	<input type="checkbox"/> Member Staff/\$95 <input type="checkbox"/> Non Member Staff/\$190
Staff Name & Title: _____	<input type="checkbox"/> Member Staff/\$95 <input type="checkbox"/> Non Member Staff/\$190