

Marin County Dental Society

Membership Dinner & Continuing Education Meeting

DATE	February 20, 2018 - Please complete registration below
SPEAKER	<div style="display: flex; align-items: center;">  <div> <p>Mark Schumacher, MD, PhD Professor and Chief, Division of Pain Medicine</p> <p>Dr. Schumacher is Professor and Chief of the Division of Pain Medicine in the Department of Anesthesia and Perioperative Care, University of California, San Francisco. He has a clinical, research and educational focus on pain medicine. He has exerted considerable focus on the integration of pain care into general clinical practice that are more reliant on non-opioid analgesic modalities to improve both quality and safety. Scientifically, following his collaboration in the cloning of the Capsaicin Receptor (TRPV1), he has led a laboratory dedicated to genomic strategies to block the transition from acute to chronic pain and pain induced by anticancer chemotherapy. Throughout his career, he has sought ways to communicate the science and practice of pain medicine to students, residents, fellows and faculty including directing an NIH Center of Excellence in Pain Education at UCSF. He most recently served on the National Academy of Sciences Engineering and Medicine Committee and co-authored the report on "Pain Management and the Opioid Epidemic".</p> </div> </div>
TOPIC	Providing Analgesia in the age of the Opioid Epidemic
<p>COST: Member/Member Staff - \$55 Non-Member/Non Member Staff - \$110</p> <p>LOCATION: McInnis Park Club Restaurant, 350 Smith Ranch Road, San Rafael</p> <p> CRAB FEED!!! & Pasta Pomodoro, Caesar Salad, Sourdough Bread, Dessert</p> <p>TIME: 5:30 pm – No Host Social Hour & Appetizers, Table Clinics (1 CE) 6:30 pm – Welcome & Dinner; 7:00 pm – Presentation (2 CEs)</p>	

REGISTRATION - Deadline 7 days prior to the event; after that time please add \$5 late fee

Please complete & fax (415-472-7894) or mail to MCDS, 175 N. Redwood Dr., Ste 130, San Rafael, CA 94903

Member's Name/Title:	Guest Registrant's Name/Title:
Guest Registrant's Name/Title:	Guest Registrant's Name/Title:
<input type="checkbox"/> Check Enclosed <input type="checkbox"/> MC or <input type="checkbox"/> VISA Check # _____ Check Amt \$ _____	CC #: _____ Expiration Date: _____ Zip _____ Security Code (3-digit # on back of card) _____