


Marin County Dental Society

Membership Dinner & Continuing Education Meeting

DATE	May 15, 2018 - Please complete registration below
SPEAKER	<div style="display: flex; align-items: flex-start;">  <div> <p>Andrew Goldberg, MD, MSCE, FACS <i>Director of Rhinology and Sinus Surgery, UCSF</i></p> <p>Dr. Andrew N. Goldberg serves as director of Rhinology and Sinus Surgery at UCSF Medical Center. He specializes in minimally invasive endoscopic surgery for the sinus and related conditions. He is an expert in the treatment of sinus infection, nasal polyps, inverted papilloma, cerebrospinal fluid (CSF) leak and thyroid eye disease. He also performs surgery to treat sleep apnea. Goldberg is board certified in Otolaryngology - Head and Neck Surgery, as well as Facial Plastic and Reconstructive Surgery. His research includes the study of sinus infection, microbial ecology of the sinuses and the microbiome, disease burden measurement, sleep apnea and quality of life.</p> <p>Goldberg earned a medical degree from the Boston University School of Medicine. He completed an internship in general surgery at Harbor/UCLA Medical Center, followed by a residency in otolaryngology at the University of Pittsburgh Medical Center and Pittsburgh Eye and Ear Hospital. He earned a master's degree in clinical epidemiology and completed a fellowship in clinical epidemiology of cancer at the University of Pennsylvania in Philadelphia. He is a professor of Otolaryngology - Head and Neck Surgery at UCSF.</p> </div> </div>
TOPIC	TBA
<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>BUFFET DINNER: TBA</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) _____