

4 CEs – CATEGORY I

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

Date: Friday, MARCH 15, 2019

Member/Staff: \$100. Nonmember/Staff: \$200

Space is limited. Deadline to register: **March 5th** - \$10 late fee after that date.

Please complete registration below & fax to MCDS **(415) 472-7894**

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

Questions? Please contact MCDS at **(415) 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 over 30 years' experience in the dental industry, including working as a dental assistant and RDA for more than a decade. 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 Enclosed is the registration fee for myself and each of my staff. Send to 175 N. Redwood Dr., Ste 130, San Rafael, CA 94903 or Fax to **(415) 472-7894**

REGISTRANT'S NAME & TITLE _____ <input type="checkbox"/> MCDS Member/Staff \$100 <input type="checkbox"/> Non-MCDS Member/Staff \$200	<input type="checkbox"/> Check Enclosed Amount \$ _____ Credit Card (MC or VISA) Exp. ____ / ____ # _____ Billing Zip Code: _____
<input type="checkbox"/> MEMBER STAFF <input type="checkbox"/> NONMEMBER STAFF	<input type="checkbox"/> MEMBER STAFF <input type="checkbox"/> NONMEMBER STAFF
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