

Ergonomics: How to Work All Day and Go Home Pain Free

Clinician: Mary Govoni an internationally recognized speaker, author and consultant on clinical efficiency, ergonomics, OSHA & HIPAA compliance, infection control and team communication. Mary is a past president and a life member of the American Dental Assistants Association, a member of the American Dental Hygienists Association, a consultant to the American Dental Association Council on Dental Practice, a member of the Organization for Safety and Asepsis Procedures, the National Speakers Association, and the Academy of Dental Management Consultants and the Speaking and Consulting Network. She is also a featured speaker on the ADA Continuing Education and Lifelong Learning seminar series. *(See course description on cover.)*

PRE-REGISTRATION FORM FOR FEBRUARY 13, 2012 MEETING

All registration fees include lunch

BANK OF KANSAS, GOODMAN GRAVLEY INSURANCE, HENRY SCHEIN DENTAL, KAYLOR DENTAL LAB, PATTERSON DENTAL, and PEARCE TURK DENTAL LAB will exhibit at this meeting.

Wichita Marriott

8:15am	Registration
9:00-4:00	CE Course

	<u>Through Feb. 3*</u>	<u>After Feb. 3*</u>	<u>Extension</u>
Active Member _____	\$195.00	\$220.00	\$ _____
Non-WDDS _____	\$250.00	\$275.00	\$ _____
Non-ADA _____	\$305.00	\$330.00	\$ _____
Staff (one per line) _____	\$ 95.00	\$120.00	\$ _____
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Staff (one per line) _____	\$ 95.00	\$120.00	\$ _____
Staff (one per line) _____	\$ 95.00	\$120.00	\$ _____
Others** _____	\$ 95.00	\$120.00	\$ _____

****ADA Life, Retired and Disabled Members, Armed Forces and Government Employees**
(List additional registrants on separate sheet and attach to this form)

TOTAL ENCLOSED \$ _____

***No refunds or credits extended after this date.**

NOTE: One person from each office must pay applicable doctor registration fee.

DENTIST'S NAME, if attending _____ District _____

ADDRESS _____ Office Phone No. _____

CITY, STATE & ZIP CODE _____ ADA # _____ Cell Phone # _____

Please advise if you or anyone attending with you need special services.

Make checks payable to WDDS & mail to 10032 Wind Hill Drive, Greenville, IN 47124 or, if charging to a credit card, fax this form to the Society Office at 812-923-2900.

For further information, contact us by e-mail at Jsalisbury00@gmail.com or call 1-800-578-1002.

Charge \$ _____ to Visa MasterCard Discover # _____

Additional Numbers on Back of Card _____, which expires on _____.

Signed _____

(Printed) Name on Credit Card _____

Billing Address _____ City _____ State _____ Zip _____

REMINDER: In an effort to maintain a business environment at the Continuing Education meetings, please turn off cell phones and pagers, and note that children are not allowed.