



San Diego County Dental Assistants Society

P.O Box 3932 San Diego, CA 92163

CONTINUING EDUCATION ANNOUNCEMENT

**THANK YOU FOR YOUR
GENEROUS SUPPORT:
Patterson Dental Supply
(1-858-678-3200)**

**Professional Dental Enterprises
Offers Continuing Education
and DA Training
Call LINDA HUGHES@619-584-6262**

PLACE: * Kings Inn ******
1333 Hotel Circle South
San Diego, CA 92108
619-297-2231

SIGN-IN: 6:30-7:00pm – Appetizers
SPEAKER: 7:00-9:00pm

PRE-REGISTRATION FEE:
ADAA Members - \$25.00
Nonmembers - \$35.00
DA Students - \$15.00
****LATE FEE: ADD \$10.00 IF SENT
AFTER THE DUE DATE or if you
choose to pay at the door
"Pay at the door: you will not be
allowed to eat"**

**CHECK PAYABLE TO: SDCDAS
SEND TO (BEFORE DUE DATE):**
Margaret Fickess, CDA, RDA
13647 Darryl Court
El Cajon, CA 92021

QUESTIONS??– Call
Janice Hom –619-287-7351
No Refunds or Confirmation
j99homies@gmail.com

Monday, January 23, 2017
"Dispelling the "CSI Effect" Myth"
**An Overview of Contemporary
Forensic Dental Identification**

Recognize how to cooperate with the
Legal system, and understand value
of dental records

Anthony Cardoza, DDS
CEU 2

Monday, February 27, 2017
"Endodontics Made Simple"

How Dental Assistants can help

Tom Massarat, DDS, MS
CEU 2

Monday, March 27, 2017
**"New Advances in
Oral Maxillofacial Surgery"**

Will talk on Implants, TMJ, and Ortho Cases

Joel Berger, DDS
STUDENT RECOGNITION NIGHT
CEU 2
Dental Assistant Recognition Week
March 6-10, 2017

PLEASE POST

Monday, January 23, 2017

Name: _____
Address: _____
Phone : (____) _____
E-mail: _____
Professional License #: _____
☐ RDA ☐ CDA ☐ RDH ☐ DDS

Clip and return by DUE DATE **January 16, 2017**
****ADD LATE FEE (\$10.) IF SENT AFTER DUE DATE****
ADAA members include a copy of your card

Monday, February 27, 2017

Name: _____
Address: _____
Phone : (____) _____
E-mail: _____
Professional License #: _____
☐ RDA ☐ CDA ☐ RDH ☐ DDS

Clip and return by DUE DATE **February 20, 2017**
****ADD LATE FEE (\$10.) IF SENT AFTER DUE DATE****
ADAA members include a copy of your card

Monday, March 27, 2017

Name: _____
Address: _____
Phone : (____) _____
E-mail: _____
Professional License #: _____
☐ RDA ☐ CDA ☐ RDH ☐ DDS

Clip and return by DUE DATE **March 20, 2017**
****ADD LATE FEE (\$10.) IF SENT AFTER DUE DATE****
ADAA members include a copy of your card