

NITROUS OXIDE SEDATION
A 9 HOUR DENTAL CE COURSE

SPONSORED BY INTERACTIVE DENTAL SEMINARS

Registration Form

- Note: Because this is a participation course, class size is limited to 30 total participants (DDS, RDH & assts.)
- Registrations will be processed in the order payment is received
- Pregnant women may attend but we need advanced notice to plan for your needs.

A SEPARATE REGISTRATION MUST BE COMPLETED FOR EACH PARTICIPANT
This form may be copied, as needed

Participant's Information: Sat., April 18, 2020	PLEASE PRINT CLEARLY
Participant's Title: <input type="checkbox"/> Dentist <input type="checkbox"/> RDH <input type="checkbox"/> Dental Assistant <input type="checkbox"/> EFDA <input type="checkbox"/> Oral Surgery Assistant	
Last Name: _____ First Name: _____ AGD Member's No. _____	
Address: _____ <i>(Assistants and RDHs provide your HOME address. Dentists provide your OFFICE address.)</i>	
City/State/Zip: _____	
Telephone including area code: (<input type="checkbox"/> Home or <input type="checkbox"/> Cell) () _____ Work () _____	
Describe your current level of N ₂ O experience: <input type="checkbox"/> Very experienced <input type="checkbox"/> Somewhat experienced <input type="checkbox"/> Rarely utilize it <input type="checkbox"/> Complete novice	
Does your office use a digital N ₂ O unit? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your office use a Porter Silhouette® N ₂ O system? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Are you <i>fully</i> competent at taking a <i>manual</i> blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you: <input type="checkbox"/> right handed <input type="checkbox"/> left handed	
Any medical conditions that prohibit fully participating in this course? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify _____	

<p>If someone <u>other than the participant</u> (e.g. dentist/employer) is paying the tuition, please complete the following: (Note: registration information will be sent to the address below)</p> <p style="text-align: center;"><input type="checkbox"/> Self-pay (omit below) <input type="checkbox"/> Dentist/employer</p> <p>Dr. _____</p> <p>Office Address _____</p> <p>City/State/Zip _____</p> <p>Office phone with area code () _____ Office E-mail _____</p>

Questions? Call us at (440) 286-7138

Cancellations: Cancellations more than 21 days prior to the date of the course shall be charged a \$75 processing fee. This course involves a great deal of preparation and hiring supplemental instructors.
Positively no refunds or credit shall be given for cancellations with 21 or less days.

Make checks payable to Interactive Dental Seminars and mail to:

Interactive Dental Seminars
C/O: Larry J. Sangrik, DDS
401 South Street, Suite 3B1
Chardon, OH 44024



Tuition: \$299 Dentists & Hygienists, \$199 Assistants (monitoring only)
All participants from one office may be paid with one check if mailed together.
You should received notice of admission within 7 days of our receipt of application.