



MAGD is pleased to present a FREE program to members and their staff!

**Infection Control
&
Prevent Abuse & Neglect through Dental Awareness (P.A.N.D.A.)**

2 hours AGD CE credit--Infection Control
2 hours AGD CE credit--P.A.N.D.A.
Credits for **Maryland License** renewal

Featuring
Melissa J. Mulreany, DDS (Infection Control)
&
Charles Doring, DDS (P.A.N.D.A.)

Friday, October 6, 2017
8:00am-12:15pm

Owen Brown Interfaith Center and Conference Center
7246 Cradlerock Way
Columbia, MD 21045-5048

MAGD'S 2016 Infection Control & P.A.N.D.A. Program
Program Information

Program Details: Registration begins: 7:30
Program: 8:00 am to 12:15 pm
BYOC (Bring Your Own Coffee or Drinks)

Registration Procedures (NEW--PLEASE READ)

- Each person must register him/herself. Do not register for anyone else!
- Each registrant must provide the EXACT name and spelling of the name that will appear on the certificate of attendance.
- Registration will close at midnight on Friday, September 29. NO ADDITIONS OR SUBSTITUTIONS will be accepted after this date because certificates must be prepared in advance of the program.
- All attendees must check in at the registration table before entering the lecture room.
- All attendees must collect their certificate at the end of each lecture to demonstrate attendance

**AGD MEMBERS AND/OR THEIR STAFF: Free
NON-AGD MEMBERS AND THEIR STAFF:
Registration fee: \$150 (dentist) & \$25 (each staff person)**

- Each registrant (whether member or non-member) may register electronically by going to MAGD's CE website at <http://www.maryland-agd.org/ce.html> and registering either as a member or a non-member
- Each registrant may mail the form below to the address indicated. Each registrant's name must appear exactly as it should appear on the certificate of attendance. Please add credit card information or enclose a check **ONLY** if registering as a non-member dentist or staff person. Multiple registrations may be sent in the same envelope.

REGISTRATION FORM (please print)--One Per Person

Name of Practice:	
Name of Registrant; AGD # (if applicable), & Course (PANDA, INFECTION CONTROL, or BOTH)	
Practice Phone #:	
Name & Address address associated with the registration:	
Registrant's Email:	

Payment must accompany this form if Dentist and staff are registering as non-members

Credit card: M/C Visa AMEX (circle one)	Card# Expires: CVS (3 digit code on back, 4 digit AMEX): Amount charged:
Check amount:	Payable to MAGD

Mail to: Maryland Academy of General Dentistry, P.O. Box 2118, Ellicott City, MD 21043

Direct questions to: Connie Lynch, Executive Secretary, at contact@maryland-agd.org or by phone at 410.982.9195



Academy of General Dentistry Approved PACE Program Provider FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. Nationally Approved From 1/1/2014 - 12/31/2016