ONLINE REGISTER NOW …..

**FRIDAY, March 9, 2018**

***6 C.E. UNITS***

***OSHA/INFECTION CONTROL/***

***CALIFORNIA DENTAL PRACTICE ACT***

REQUIRED EVERY 2 YEARS FOR LICENSURE RENEWAL

**Held at Hoffmeister Center aka Central Pres. Church**

**1920 Canal St., Merced, Ca. 95340**

**8 am – 3 pm**

Dentist fee $145.00/Staff fee $125.00

Send in completed registration form to [ydsmerced@yahoo.com](mailto:ydsmerced@yahoo.com) or mail by March 7, 2018.

Any prepaid registrations are by check only and payable to:

Yosemite Dental Society, PO box 2747, Merced, Ca. 95344.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT INFO: O# 209-722-3576 or email to [ydsmerced@yahoo.com](mailto:ydsmerced@yahoo.com)