REGISTER NOW …..

**FRIDAY, August 21, 2020**

***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 $150.00/Staff $130.00

Non YDS Member Dentist $170.00

Send in completed registration form to [ydsmerced@yahoo.com](mailto:ydsmerced@yahoo.com).

Payment options: Venmo (@yosemite-dental), check (payable to YDS) or cash:

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

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

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

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

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