

OSHA and MEDICAL EMERGENCIES

February 12, 2025

Registration Fees \$62

\$62 per person / per course

••• LIVE LECTURES via ZOOM •••

Registration Deadline: February 1
Sorry.....refunds are not available after February 1

NAMES (Please Print)

Name of Dental Office _____

Email address for Office _____ Phone _____

Please forward ZOOM invite to all participating staff members in your office.

ATTENDEES: *(copy this sheet for additional names if necessary)*

			TOTAL \$
_____	[] OSHA/\$62	[] MED EMERG/\$62	\$ _____
_____	[] OSHA/\$62	[] MED EMERG/\$62	\$ _____
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_____	[] OSHA/\$62	[] MED EMERG/\$62	\$ _____

Office Total: \$ _____

Charge my credit card [] _____ Exp. _____ CVC _____
[] Use credit card on file Street # _____ Zip Code _____

_____ Enclosed is my check payable to: *Stark County Dental Society*

Return Registration Form by FEBRUARY 1 to: