



Sioux City Dental Society, Inc.

www.scdentalsociety.com

2014-2015 Program Schedule

The Sioux City Dental Society, Inc. is a non-profit organization dedicated to providing excellent continuing education programs for the Siouxland dental community. Continuing education credit hours are endorsed through the Academy of General Dentistry. 3.0 credit hours are available for attending only the morning session and 6.0 hours for attending the entire day's program.

October 3, 2014 **Dr. Gordon Christensen**
The Christensen Bottom Line-2014 (6 CE) PLEASE SEE OUR WEBSITE FOR COURSE OBJECTIVES AND ADDITIONAL HANDOUT

NOTE LOCATION CHANGE: The Marina Center (across the parking lot from our usual location)

November 14, 2014 **Dr. Karen Baker** Pharmacology Update (6 CE)
WITCC Instructors Radiology Update (3 CE)

January 9, 2015 **Dr. Leif K. Bakland**
Dental Trauma: Problems, Solutions, and Expectations (6 CE)

February 13, 2015 **Dr. Robert E. Marx**
Oral Pathology Recognition: Treatment vs. Referral (6 CE)

March 13, 2015 **Dr. Michael Kanellis**
Current Topics in Pediatric Dentistry (6 CE)

Location: Marina Inn & Conference Center, 4th and B Streets, South Sioux City, NE
(Continental breakfast served with each program)

Time: Registration begins at **8:30 am**. Program begins at **9:00 am** (Ends b/t 3- 4pm)

Dues: Entire program year membership (October to March) - **\$350 per doctor**
Individual program - **\$175 per doctor** (includes staff for that meeting only)
Staff of Sioux City Dental Society member doctors may attend meetings at no additional cost
Staff not employed by a Sioux City Dental Society member doctor - **\$30 each per meeting**

Officers:	Clinton Norby, DDS	Past President	605-242-0107	cnorb001@gmail.com
	Mike Wheatley, DDS	President	712-258-3486	mtwheatley@yahoo.com
	Julie Lohr, DDS	Vice President	712-255-1163	julie@lohfamilydentistry.com
	Amber Wisner, DDS	Secretary/Treasurer	605-242-7123	alreinks@gmail.com

Look for schedule changes, announcements and lecture handouts at www.scdentalsociety.com

Send checks payable to **Sioux City Dental Society, Inc.** and registration form to: Sioux City Dental Society
PO Box 1403
Sioux City, IA 51102

For 2013-2014 program registration, please return this portion with appropriate registration fee:

Name: _____ Email: _____

Address: _____ Phone #: _____