

*******REVISED SCHEDULE*******

Sioux City Dental Society, Inc. www.scdentalsociety.org

2016-2017 Schedule

The Sioux City Dental Society, Inc. is a non-profit organization dedicated to providing excellent continuing education program for the Siouxland Dental Community. Continuing education credit hours are endorsed through the Academy of General Dentistry. 4.0 credit hours are available for attending only the morning session and 2.0 hours per attending the afternoon program.

October 14th, 2016	Dr, Joseph Massad-	Removable Prosthodontics and Dentures
November 11th, 2016	Dr. John Lee, MD-	HPV and Treatment
January 13th, 2017	Dr. Lee Ann Brady-	Today's Top Clinical Tips
February 10th, 2017	Dr. Ernest Luce-	State by State review of Oral Sedation
	Kathy Krueger (WITCC)	Radiology Update (9am-12pm)
March 10th, 2017	Dr. Bob Margeas-	Tips For Success-A Practical View on Day to Day Dentistry

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

Time: Registration begins at 7:30am, Program begins at 8:00am (PLEASE NOTE THE TIME CHANGES)

Dues: Entire program year (October to March) - \$350 per doctor
Individual program - \$175 per practicing Doctor (this includes staff for that meeting)
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:	Julie Lohr	Past President	712-255-1163	julie@lohfamilydentistry.com
	Amber Wisner	President	605-242-7123	alreinks@gmail.com
	Jeffrey Dean	Vice President	605-242-0107	jsdeanddsmd@gmail.com
	Greg Jeneary	Secretary	712-546-4556	greg.jeneary@gmail.com
	Missy Jelken	Coordinator	712-898-6765	meldport1710@gmail.com

***Look for Schedule changes and/or announcements at www.scdentalsociety.org ***

Send payment check payable to 'Sioux City Dental Society, Inc' and registration form to:
Sioux City Dental Society

For 2016-2017 program registration, please return this portion with appropriate registration fee:

Name _____ **Email:** _____

Address: _____ **Phone:** _____