



2018/2019 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. 4.0 credit hours are available for attending only the morning session and 2.0 additional hours for attending the afternoon program.

October 12, 2018	Ronda Anderson - Infection Control and Jurisprudence. Tom Terronez with Christian Meyer - IT Security and HIPPA Compliance
November 9, 2018	Dr. Keith Evans - Real World Endo (presented by Brassler)
January 11, 2019	Dr. Karen Baker - Pharmacology Joni Mille, DA Radiology Update (**Start time 8:30**)
February 8, 2019	Dr. Josh Wren - Pediatrics for The General Practitioner
March 8, 2019	Dr. Mark Malterud Restorative for the General Practitioner

****PLEASE NOTE the move to the convention center across from the Delta Inn due to construction for the January 8 and February 11 meetings.****

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

Time: Registration begins at **7:30 am**. Program begins at **8:00 am** (Ends b/t 3- 4pm)

Dues: Entire program year membership (October to March) - **\$450 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:	Jeffrey Dean	Past President	605-242-0107	jsdeanddsmd@gmail.com
	Greg Jeneary	President	712-546-4556	greg.jeneary@gmail.com
	JJ Grabouski	Vice President	712-253-9109	jgrabous@gmail.com
	Jeff Howenstein	Secretary	605-906-3639	jeffreyhowenstein@gmail.com
	Missy Jelken	Coordinator	712-898-6765	meldport1710@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

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

Name: _____ Email: _____

Address: _____ Phone #: _____