



**REGISTRATION FORM**

**CHILD ABUSE RECOGNITION AND REPORTING  
FOR DENTAL PROFESSIONALS**

**Registration closes 3 days prior to the course. Please print or type.**

**REGISTRANT #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DMD     DDS     RDH     EFDA     Other \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ License Number \_\_\_\_\_

Last 4 digits of SSN (required by the Department of State) \_\_\_\_\_

Email Address (required for course confirmation) \_\_\_\_\_

**REGISTRANT #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DMD     DDS     RDH     EFDA     Other \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ License Number \_\_\_\_\_

Last 4 digits of SSN (required by the Department of State) \_\_\_\_\_

Email Address (required for course confirmation) \_\_\_\_\_

**REGISTRANT #3**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DMD     DDS     RDH     EFDA     Other \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ License Number \_\_\_\_\_

Last 4 digits of SSN (required by the Department of State) \_\_\_\_\_

Email Address (required for course confirmation) \_\_\_\_\_

**REGISTRANT #4**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DMD     DDS     RDH     EFDA     Other \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ License Number \_\_\_\_\_

Last 4 digits of SSN (required by the Department of State) \_\_\_\_\_

Email Address (required for course confirmation) \_\_\_\_\_

**REGISTRANT #5**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DMD     DDS     RDH     EFDA     Other \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ License Number \_\_\_\_\_

Last 4 digits of SSN (required by the Department of State) \_\_\_\_\_

Email Address (required for course confirmation) \_\_\_\_\_

**RETURN COMPLETED FORM TO:**  
**P.O. Box 3341**  
**Harrisburg, PA 17105**

If you wish to pay via credit card, you may fax  
your registration form to (717) 232-7169.

**REFUND POLICY**

A refund will be issued if the registration is  
cancelled in writing five business days prior  
to the course. No refunds will be issued for  
no shows.

# COURSE LOCATIONS

## NORTH WEST

Friday, November 21, 2014

3 - 5 p.m.

Bayfront Convention Center, Erie

## GREATER PITTSBURGH

Thursday, November 20, 2014

7 - 9 p.m.

Southpointe Golf Club, Canonsburg

Friday, November 21, 2014

8 - 10 a.m.

Pittsburgh Marriott North, Cranberry Township

## CENTRAL

Friday, March 20, 2015

9 - 11 a.m.

Mountain View Country Club, Boalsburg (*State College*)

## SOUTH CENTRAL

Thursday, December 4, 2014

7 - 9 p.m.

The Inn at Reading Hotel & Conference Center, Wyomissing

Tuesday, December 9, 2014

7 - 9 p.m.

The Country Club of York, York

Thursday, February 19, 2015

7 - 9 p.m.

Lancaster Host Resort & Conference Center, Lancaster

Friday, February 27, 2015

9 - 11 a.m.

Best Western Central Hotel & Conference Center, Harrisburg

## NORTH EAST

Tuesday, November 25, 2014

7 - 9 p.m.

Radisson Lackawanna Station Hotel, Scranton

## GREATER PHILADELPHIA

Friday, December 5, 2014

10 a.m. - Noon

Holiday Inn Conference Center, Lehigh Valley, Breinigsville

Thursday, January 29, 2015

7 - 9 p.m.

Hilton Philadelphia City Avenue, Philadelphia

Friday, January 30, 2015

9 - 11 a.m.

1 - 3 p.m.

Radisson Hotel Valley Forge, King of Prussia

# PRICING AND PAYMENT

DESIGNATION	PRICE	NUMBER ATTENDING	TOTAL
PDA member dentists	\$50		\$
Hygienists, EFDAs & office personnel employed by a PDA member dentist	\$50		\$
Hygienists, EFDAs & office personnel	\$100		\$
Non-member dentists	\$200		\$

**TOTAL REGISTRATION FEE: \$**

## PAYMENT

My check, made payable to PDA, is enclosed.

Please charge my credit card. *PDA cannot accept debit cards.*

Mastercard

VISA

American Express

Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_