

Registration

**Half Day Course, Friday March 6, 2009**

“Risk Management: Protecting your patients your practice and yourself”

By: Mrs. Linda Harvey & Kevin M. Gilpin

NEDDA/FDA members:	\$60.00
Spouse/Staff of member:	\$30.00
NON-member:	\$100.00
Spouse/Staff of non member:	\$60.00

NO REFUNDS AFTER FRIDAY, FEBRUARY 27, 2009

Make Checks payable and mail to:

**CCDS**

**c/o Dr. Elaine S. Martinez  
1530 Business Center Dr. Suite #1  
Orange Park, FL 32003**

Attending: (Please PRINT)

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Staff: Attending from the office of Dr.

\_\_\_\_\_  
\_\_\_\_\_

Assistants:

\_\_\_\_\_  
\_\_\_\_\_

Hygienist:

\_\_\_\_\_  
\_\_\_\_\_

**Clay County Dental Society**

A Component of the Florida and American Dental Society  
1530 Business Center Dr. Suite #1

Fleming Island, FL 32003  
904-215-4221 \* fax 904-215-9887  
Email: [mart4101@bellsouth.net](mailto:mart4101@bellsouth.net)

Application and Contract for Exhibit Space

Meeting Date: March 6, 2009

Meeting place: Holiday Inn Hotel, Wells Rd., OP, FL

Exhibitor's Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Exhibit spaces will be allocated on a first come first serve basis. Whenever possible, space will be allocated according to the exhibitor's choice, but the final arrangement will be determined by the Clay County Dental Society official. The exhibit tables are 6-8 feet in length and will be skirted. Please call the office if you need an extension cord.

You also agree to pay this time \$400.00. Please attach the check to this signed contract guarantee table exhibit availability. Please make check payable to CCDS and send it to the address above.

