

REGISTRATION

Half day course, Friday, February 20, 2009

Dr. Gerald A. Cioffi

“Medical Emergencies in the Dental Office”

NEDDA / FDA members: \$80
Staff / Spouse of NE member: \$40 ea
NON-Member: \$160
Staff / Spouse of non-member \$80

NO REFUNDS AFTER FRIDAY, February 13, 2009

**You may also pay by check and mail to: 2028 Boulevard * Jacksonville * FL
32206**

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For questions please call Sally at 904.355.4232

ATTENDING: (Please PRINT)

Dr.(s): _____

Staff: Attending from the office of Dr.

Assistants:

Hygienists:

Office Staff:
