

**Please return your RSVP no later than Tuesday, September 22, 2009 or fax. Jacksonville Dental Society contact numbers and mailing address are listed below:**

**E-Mail address: [betty@jacksonvilledentalsociety.org](mailto:betty@jacksonvilledentalsociety.org)**

**Fax Number: 904-355-4478**

**Phone Number: 904-355-4232**

**Mailing Add: JDS, 2028 Boulevard St., Jax. Fl 32206**

**REGISTRATION INFORMATION**

**All Attending Dentists: \$ 45.00 Each**

**All Attending Hygienists/Staff \$ 45.00 Each**

**Dentist: \_\_\_\_\_**

**Hygienist: \_\_\_\_\_**

**Other Staff Member: \_\_\_\_\_**

**Please mail this Registration Sheet with Check made Payable to:  
Jacksonville Dental Society**

**NO REFUNDS AFTER FRIDAY, SEPTEMBER 18, 2009**

**PREVENTION OF DENTAL ERRORS COURSE**

**FRIDAY, SEPTEMBER 25, 2009**

**REGISTRATION PAGE:**

**Dentist Name: \_\_\_\_\_**

**Dentist Name: \_\_\_\_\_**

**Hygienist Name: \_\_\_\_\_**

**Hygienist Name: \_\_\_\_\_**

**Staff Member:** \_\_\_\_\_

**Staff Member:** \_\_\_\_\_

**Staff Member:** \_\_\_\_\_

**Staff Member:** \_\_\_\_\_

**Staff Member:** \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** \_\_\_\_\_