

# Registration Form

Register online at <http://bit.ly/DCAOct>

The training **Dental Care Approaches for Adults with Disabilities** on October 17-18 in Chesapeake is open to licensed, practicing dentists in Virginia. Class size will be capped, so please register early and only if you feel certain you can attend.

**Registration Instructions:** Register online at <http://bit.ly/DCAOct>. To register by email, complete the entire form below and email it to Katherine Libby at [klibby@vaoralhealth.org](mailto:klibby@vaoralhealth.org) on or before October 3, 2014. A confirmation email will be sent within 5 business days. **All participants are required to provide proof of professional liability insurance;** instructions will be included in your registration confirmation. **Auxiliary staff:** A very limited number of auxiliary staff members may attend. You will be notified in your registration confirmation email if we are able to accept your auxiliary registration.

**Cancellation:** **Please give at least 72 hours notice** if a cancellation is necessary so we may notify an alternate attendee.

Please complete the form below in its entirety

Registration is FREE | Deadline is Friday, October 3

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Would you like to register an auxiliary staff member (limited availability)?  Yes  No

Auxiliary Attendee Name: \_\_\_\_\_  Dental Hygienist  Assistant  N/A

Are you a general dentist?  Yes  No If no, what is your specialty: \_\_\_\_\_

Are you licensed in Virginia?  Yes  No

Are you actively practicing dentistry over 20 hours a week?  Yes  No

Do you currently provide dental services for adults with special health care needs?  Yes  No

Do you use any type of sedation?  Yes  No If yes, what type? \_\_\_\_\_

Please rank the topics below in order from 1 to 7, with 1 being the topic you are most interested in discussing at the training. The top 4 topics of most interest among registrants will be discussed.

\_\_\_\_ Conditions related to ASHCN and orofacial implications \_\_\_\_\_ Nitrous oxide use for analgesia

\_\_\_\_ Medications with orofacial implications \_\_\_\_\_ Communication with ASHCN

\_\_\_\_ Treatment planning - risk vs. benefit \_\_\_\_\_ Behavior guidance

\_\_\_\_ Sedation options for a general practice dentist

Indicate Your Time Preference for the Hands-on Session on Day Two - Saturday, October 18, 2014

Day One - Friday, October 17, 2014, will be held from 8:00 a.m. - 4:00 p.m.

Day Two - Saturday, October 18, 2014 - **please indicate your time preference:**

Session A: 7:45 a.m. - 12:00 p.m. **OR**  Session B: 12:45 - 5:00 p.m.

**Note: time preference is subject to availability and cannot be guaranteed.**

Email this form by Friday, October 3, 2014, to Katherine Libby at [klibby@vaoralhealth.org](mailto:klibby@vaoralhealth.org)

You will receive a registration confirmation email within 5 business days; this email will include searchable driving directions, a detailed agenda and confirmation of auxiliary staff attendance (if applicable). Confirmation of your session time for day two of the training will be sent closer to the event date. **All participants will be required to provide proof of professional liability insurance; instructions will be included in your confirmation.** If you have questions or changes, contact Katherine Libby at 804.269.8723 or [klibby@vaoralhealth.org](mailto:klibby@vaoralhealth.org).