Registration Form

Register online at http://bit.ly/DCAJune

The training **Dental Care Approaches for Adults with Disabilities** on June 20-21 in Lynchburg 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/DCAJune**. To register by email, complete the entire form below and email it to Katherine Libby at klibby@vaoralhealth.org on or before June 6, 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, June 6**

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

____ Medications with orofacial implications

____ Treatment planning - risk vs. benefit

____ Sedation options for a general practice dentist

____ Nitrous oxide use for analgesia

____ Communication with ASHCN

____ Behavior guidance

Indicate Your Time Preference for the Hands-on Session on Day Two - Saturday, June 21, 2014

Day One - Friday, June 20, 2014, will be held from 8:00 a.m. - 4:00 p.m.

Day Two - Saturday, June 21, 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, June 6, 2014, to Katherine Libby at 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.