

2022 Semiannual Session Program and Awards

Complete registration for:
Professional Protector Plan (PPP) for Dentists Risk Management Seminar
and
MANAGING RISK: Bridging the Gap Between Dentistry & Medicine

Name(s): _____ **DDS Hygienist Assistant**

Address: _____
(Street/PO Box) (City) (State) (Zip)

Email: _____ Tel: _____ (License) _____

Professional Protector Plan (PPP) Risk Management Seminar **\$120.00**
For Dentists, Hygienists and Assistants
Friday, Jan. 21, 1:30 to 5:00p.m.,
4.5 Hours CE

Bridging Gap Between Dentistry & Medicine
Dentists, Hygienists & Assistants: **\$120.00**
Saturday, Jan. 22, 9:00 a.m. to 12 Noon and 1:30 to 3:30p.m.
5 Hours CE

Fee for individuals not dentists, hygienists or assistants **\$60.00**

\$ _____ Check Payable to WVDA...or...Charge ___ Visa ___ MasterCard ___ Amx

Account#: _____ Exp Date: _____ / _____ Code: _____

Name on Card: _____ Signed: _____

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