

THE SOUTH FLORIDA DISTRICT DENTAL ASSOCIATION
IN COOPERATION WITH
THE GREATER MIAMI DENTAL SOCIETY, THE SOUTH DADE
DENTAL SOCIETY AND THE WEST DADE DENTAL SOCIETY
IS PLEASED TO OFFER
THE STATE MANDATORY COURSE FOR RE-LICENSURE
PREVENTING MEDICAL ERRORS
DR. RICHARD MUFSON

THURSDAY, SEPTEMBER 27, 2007
UNIVERSITY OF MIAMI BANK UNITED CENTER
1245 DAUER DRIVE - UM CAMPUS
CORAL GABLES, FL



6:30PM
7-9:00PM

CHECK-IN OR REGISTRATION
LECTURE - PREVENTING MEDICAL ERRORS
DINNER BUFFET WILL BEGIN AT 7:00PM



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PLEASE USE A SEPERATE FORM FOR EACH PERSON REGISTERING
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NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

PHONE: (____) _____ FAX: (____) _____ E-mail: _____

Please check one:

SOUTH FLORIDA DISTRICT ASSOCIATION MEMBERS : \$ 95

NON SFDDA MEMBERS: \$125

Registration includes dinner buffet

2.0 Continuing Education Credits

If paying by Credit Card you may fax this form along with Credit Card information to: (305) 665-7059

Visa

MasterCard

Discover

Card # _____ Expiration Date on Card: _____

Authorized Signature: _____

OR

SFDDA,
420 South Dixie Hwy, # 2E,
Coral Gables, FL 33146

You can mail this form along with your check or credit card information to:

Enclosed is my check in the amount of \$ _____ made payable to the SFDDA