

Sioux City Dental Society, Inc. www.SCDentalSociety.org

October 13th, 2017

Dr. Tim Bizga-

your Practice.

2017-2018 Schedule

The Sioux City Dental Society, Inc. is a non-profit organization dedicated to providing excellent continuing education program for the Siouxland dental community. Continuing education credit hours are endorsed through the Academy of General Dentistry. 4.0 credit hours are available for attending only the morning session and 6.0 credits for attending the entire day's program.

Bottom Line Boosters: How Crown, Bridge, and Composite "know- how's "can Change

November 10 th , 2017		Dr. Tom Dudney - Be Aware of Wear: A Systematic Approach to Diagnosing, Treating, Planning, and Restoring warn dentition. Also: What's a Dentist to Do? Diagnosis, Treatment options, and Rehabilitation of Difficult and Unusual Cases.					
January 12 th , 2018		Dr. Scott	Ganz- Name o	Name of Lecture is pending			
February 9 th , 2018		Dr. Bob B	osack- Medical	Medical Assessment and Common Medical Emergencies in the Dental Office			
March 9 th , 2018		Dr. Jack S	Shirley- Implants	Implants in the Aesthetic Zone			
**	*Radiology and	Infection Co	ontrol courses will	be offered in alt	ernating years*		
Location:	Marina Inn & Conference Center- 4 th and B streets, South Sioux City, NE (Continental breakfast snacks served with each program)						
Time:	Registration begins at 7:30am, Program begins at 8:00am Entire program year (October to March) - \$350 per doctor						
<u>Dues</u> :	Individual program: \$175 per practicing Doctor (this includes staff for that meeting)						
	Staff of Sioux City Dental Society member Doctors may attend meetings at no additional cost						
	Staff not employed by a Sioux City Dental Society member Doctor- \$30 each per meeting						
Officers: Amber Wisne Jeffrey Dean Greg Jenear Jeremy Grab Missy Jelken		Dean eneary Grabouski	Past President President Vice President Treasurer Coordinator	605-242-0107	alreinks@gmail.com jsdeanddsmd@gmail.co greg.jeneary@gmail.co jgrabous@gmail.com meldport1710@gmail.co	<u>om</u>	
	**	Look for Sch	nedule CHANGES	S and/or annound	cements at: www.SCDen	talSociety.org **	
Send che	ecks payable	to Sioux (City Dental So	ciety, Inc. and	registration form to	PO Box 1403 Sioux City, IA 51102	
Name: _	Email:						
Address:	Address: Phone #:						
Name:				Fmai	il:		
Address:	Email:Phone #:* **Use back of form to list more doctors and/or program dates for individual programs**						
		Use back	of form to list mor	e doctors and/or p	program dates for individua	al programs	
Total Du	e (\$350/Doc	tor/Year o	or \$175/Docto	r/Single Progr	am): \$		