

FORMAT

One day a month a speaker discusses a dental topic during lunch. The sessions are informal and the group has an opportunity to interact with the speaker during a short discussion period at the end of the lecture. It requires only about one and one-half hour of your time to learn about the latest developments in many areas of dentistry. It also offers the opportunity to get better acquainted with your colleagues and their staff since all dental allied personnel and technicians are also invited to attend.



COURSE DIRECTOR

David E. Snyder, D.D.S., came from a dental family. His father graduated from Northwestern in 1915, practiced in a small South Dakota town for two years and joined the Navy Dental Corps in 1917 because of the World War. He stayed in the Navy for 35 years and then practiced in a small Washington town for a few years.

Dr. David Snyder entered the University of Washington Dental School in 1950, just at the beginning of the Korean War. After graduation in 1954 he served in the Navy Dental Corps for three years, two of which were spent on the USS Nereus, a submarine tender home ported in San Diego, California. After his discharge, he opened a dental practice in San Diego. While still in the Navy he had joined a gold foil study club, which was mentored by Dr. James P. Verneti. Dr. Verneti remained a mentor for over twenty years. He mentored the foil clubs at UCLA and UTHSCSA. He kept teaching gold foil until around 1986 when the last jurisdiction stopped requiring foils on the licensing exams.

LOCATION

Private Dining Room in the cafeteria at The University of Texas Health Science Center at San Antonio, (back of Dental School and adjacent to Visitor Parking Lot); 7703 Floyd Curl Drive; San Antonio, Texas 78229-3900.

TIMES AND DAYS

The second Thursday of each month (Subject to change due to state meetings or holidays)-11:30 AM - 1:00 PM

LUNCH INCLUDED

Plan to arrive at 11:30 AM or shortly thereafter. This will give you plenty of time to eat before the presentation starts at 12:00 PM. Should you be delayed in arriving, you can eat during the presentation. The presentation will be completed by 1:00 PM at the latest so you can schedule your first afternoon patient accordingly.

CREDIT

Each luncheon: 1 AGD Lecture Credit, Subject Code (dependent on lecture topic) 1 CEU



The University of Texas Health Science Center at San Antonio
Continuing Dental Education--MSC 7930
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900

The David E. Snyder, DDS Luncheons for Learning Series 2015

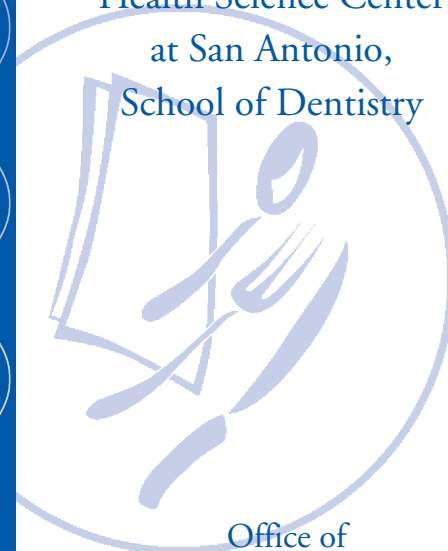


The
David E. Snyder, DDS

Luncheons for Learning 2015 series

presented by

The University of Texas
Health Science Center
at San Antonio,
School of Dentistry



Office of
Continuing Dental Education

February 5, 2015

Alveolar Ridge Preservation: Rationale, Materials, and Treatment Outcomes

Tyler D. Borg, D.D.S.

March 5, 2015

Oral and Maxillofacial Radiology as Center of Interdisciplinary Collaboration in Academic Practice

Marcel Noujeim D.D.S., M.S.

April 2, 2015

An Overview on Forensic Odontology

David R. Senn, D.D.S.

April 30, 2015

Outcomes of the Global Collaboratory for Caries Management

Bennett Amaechi, B.D.S., M.S., Ph.D

June 11, 2015

Soft Tissue Management

Jose Cortes-Botello, D.D.S.

July 9, 2015

Should We Cement or Should We Screw Retained Implant Prosthesis: An Update 2015

Norma Olvera D.D.S., M.S.

August 6, 2015

Where the pink of the gum meets the white of the tooth

Pamela S. Ray, D.D.S.

September 3, 2015

Current CAD/CAM System Overview

Jacob Park, D.D.S.

October 1, 2015

Use of Local Site Antibiotics in Periodontal Treatment

Richard S. Finlayson, D.D.S.

November 5, 2015

Update on HIPPA

Edward P. Waller, D.D.S., JD

REGISTRATION

TO ENROLL BY MAIL (with a check or credit card) Please complete this registration form and send it with your payment (enrollment is not complete without payment) to: UTHSCSA; Continuing Dental Education-7930; 7703 Floyd Curl Drive; San Antonio, Texas 78229-3900.

TO ENROLL BY PHONE

Please call (210) 567-3177 to preregister. Payment may also be made by credit card: Mastercard, Visa, Discover Card only. Persons who are hearing or speech impaired can call TTD Message-Relay Texas 1-800-735-2989 or 1-800-735-2988. BY FAX: Please fax your completed registration form to (210) 567-6807.

TUITION

(Includes Luncheon and Lecture)

Entire Series: \$399.50

Individual Lecture: \$49.50

LUNCH AND LEARN REFUND POLICY

If you must cancel your registration, please notify the Office of Continuing Dental Education as soon as you determine you are unable to attend so that a refund may be considered. Due to commitments to these type of programs, any cancellation made prior to January 5, 2015 will be subject to an administrative fee assessment of \$175.00 for the series and as well as individual courses. Any cancellation made after January 5, 2015 does not qualify for a refund. However, participants may choose to place their tuition minus an administrative and direct cost fee assessment into a holding account for future use. "No Shows" will not qualify for refunds. Written notification is required within five business days by mail, fax, or e-mail to initiate the refund process. Please allow four to six weeks for all refunds. Contact our office for specific refund policy regarding any course.

REGISTRATION FORM

(Please use one form per person - photocopy form as needed)

___ Entire Series: \$399.50 (156583A)

___ Individual Lectures at \$49.50 each:

February 5 (156584A)

March 5 (156607A)

April 2 (156660A)

April 30 (156677A)

June 11 (156720A)

July 9 (156733A)

August 6 (156745A)

September 3 (156759A)

October 1 (156760A)

November 5 (156761A)

Name: _____

Date of Birth: _____/_____/_____

DDS DMD RDH DLT DA

Office Address: _____ Suite: _____

City/State/Zip: _____

Office Phone:(_____) _____

Home Address: _____

City/State/Zip: _____

Home Phone:(_____) _____

Email: _____

Specialty or Position: _____

Dental School: _____

Year of Graduation: _____

Total Amount Enclosed: _____

Check Enclosed Visa Mastercard Discover

Card#: _____

The last 3 digits on back of credit card: _____

Expiration Date: _____

Card Holder's Name: _____

Signature: _____

SEND COMPLETED FORM WITH PAYMENT TO:

UTHSCSA
Continuing Dental Education MSC 7930
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900
Tel: (210) 567-3177; Fax (210) 567-6807