



HIPAA Security Compliance Course

November 8, 2017

SCDS, 150 Motor Parkway, Media Center (lower level), Hauppauge, NY

9:00 a.m. – 12:00 p.m.

1. DENTIST/OFFICE REPRESENTATIVE INFORMATION (Please print):

ADA#: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please register the following auxiliary staff (attach additional sheet if necessary):

1) _____

2) _____

Registration Deadline: November 3

2. TUITION:

NYSDA Member Dentist or office representative \$175

Member's Auxiliary Staff \$45 pp - # _____

Non-Member Dentist or office representative \$275

Non-Member's Auxiliary Staff \$75 pp - # _____

TOTAL (Refund Deadline: November 3) \$ _____

3. PAYMENT:

CHECKS: Please make payable to NYSDA.

CREDIT CARD: _____ Visa _____ Master Card _____ AMEX

Card Number: _____

Exp. Date: _____ CVC: _____

Billing Address (if different from above): _____

- Registration confirmations are emailed
- All requests for refunds or credits must be made in writing or by phone and received at least ten business days prior to the course date. A full refund, less a ten dollar (\$10) administrative charge, will be issued. Refunds or credits requested after this date will not be granted, including requests made based on absence due to illness, late arrival for courses and/or weather conditions. In the event that a course is cancelled by NYSDA, paid tuition will be fully refunded.
- Continuing education credit can and will only be issued to registrants who attend the entire presentation and submit attendance verification to the chairperson at the conclusion of the program. Registrants **MUST** check-in prior to the start of the course for credit to be issued. A record of your attendance is maintained by the NYSDA Continuing Education Registry. Evidence of your attendance for other organizations can also be provided upon request.

If you have special needs in order to fully participate, please describe:



COMPLETE AND RETURN TO: NSYDA, 20 Corporate Woods Blvd., # 602, Albany, NY 12211 (Attn: Jacquie)

Fax: 518-465-3219 (Attn: Jacquie), Email: jdonnelly@nysdental.org, or Phone: 800-255-2100