



# SUFFOLK COUNTY DENTAL SOCIETY

of the State of New York, Inc.

150 Motor Parkway, Suite 105, Hauppauge, New York 11788

Tel: (631) 232-1400 Fax: (631) 232-1402

E-mail: [suffolkdental@optonline.net](mailto:suffolkdental@optonline.net) Web page: [www.suffolkdental.org](http://www.suffolkdental.org)

## Risk Management

DATE: Wednesday, November 1, 2017  
 TIME: 9:00 AM to 1:00 PM  
*Continental breakfast will be served.*


LOCATION: Suffolk County Dental Society  
 Media Center on Lower Level  
 150 Motor Parkway, Hauppauge, NY 11788  
 (1 traffic light east of the Radisson Long Island Hotel)

COST: \$150.00/ADA member \$300.00/non-ADA

PRESENTERS: Robert M. Peskin, DDS, and Michael Kelly, Esq.

All who successfully complete the course will receive a certificate entitling them to a **TEN PERCENT (10%) DISCOUNT** on their next renewal from MLMIC and most other insurance companies, for three years. (Please check with your carrier. Some carriers do not recognize this course).

**ADA CERP**® | Continuing Education Recognition Program  
 Suffolk County Dental Society is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at [www.ada.org/goto.cerp](http://www.ada.org/goto.cerp).



AGD Approved PACE Program Provider - FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement.  
 12/19/2013 to 12/18/2017  
 Provider ID # 219113

Detach form below and mail to SCDS, 150 Motor Pkwy, Ste 105, Hauppauge, NY 11788; or fax to 631-232-1402.

PLEASE REGISTER ME FOR RISK MANAGEMENT on November 1, 2017

NAME:..... ADA #:.....

ADDRESS:.....PHONE #:.....

Check to "SCDS" enclosed for \$..... (ADA \$150; non-ADA \$300.)

Charge my Visa/MasterCard Acct. #:..... Exp. date:.....

Signature:..... CVV..... Zip..... Amount: .....