

HIPAA Security Compliance Course JULY 19, 2017

New York County Dental Society, 622 Third Ave., 9th Flr. 9:30 a.m. – 12:30 p.m.

1. DENTIST/OFFICE REPRESENTATIVE INFORMATION (Please print):		Registration confirmations are emailed	
ADA#:			
Name:Address:		 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 	
			City: State:
Phone:			
Email:		 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. 	
Please register the following auxiliary staff (attach additional sheet if necessary): 1)			
2)			
			2. TUITION:
□ NYSDA Member Dentist or office representative \$175			
☐ Member's Auxiliary Staff	\$45 pp - #	If you have special needs in order to fully participate, please describe:	
\square Non-Member Dentist or office representative	\$275		
☐ Non-Member's Auxiliary Staff	\$75 pp - #		
TOTAL (Refund Deadline: July 14)	\$		
3. PAYMENT:			
CHECKS: Please make payable to NYSDA.			
CREDIT CARD:VisaMaster CardAMEX Card Number:		ADA C·E·R·P® Continuing Education Recognition Program	
			Exp. Date: CVC:
Billing Address (if different from above):			