

**THE JERSEY SHORE UNIVERSITY MEDICAL CENTER
MONMOUTH-OCEAN COUNTY DENTAL SOCIETY**

FORTY YEARS OF EXCELLENCE IN CONTINUING DENTAL EDUCATION

2019-2020

CONTINUING DENTAL EDUCATION PROGRAM

Wednesday, September 18, 2019, Dr. John Cranham, **“THE COSMETIC OCCLUSION CONNECTION”**

JSUMC John K. Lloyd Amphitheater, Neptune, N.J.

Wednesday, October 16, 2019, Dr. Morton Rosenberg, **“MEDICAL EMERGENCIES IN THE DENTAL OFFICE and LOCAL ANESTHESIA AND SEDATION IN DENTISTRY”**

JSUMC John K. Lloyd Amphitheater, Neptune, N.J.

Wednesday, November 13, 2019, Dr. Thomas J. McGarry, **“IMPLANT PLACEMENT AND RESTORATION IN GENERAL PRACTICE – THE NEW FACE OF PROSTHODONTICS”**

JSUMC John K. Lloyd Amphitheater, Neptune, N.J.

Wednesday, December 4, 2019, Dr. Robert Pick, **“POWERFUL MANAGEMENT SECRETS OF THE SUPER SUCCESSFUL DENTAL PRACTICE”**

Sheraton Eatontown Hotel, Eatontown, N.J.

Wednesday, January 15, 2020, Dr. Brock Rondeau, **“RESTORATIVE DENTISTRY SAVES TEETH - SLEEP DENTISTRY SAVES LIVES” and “TM DYSFUNCTION - HARMFUL EFFECTS OF NIGHT GUARDS”** JSUMC John K. Lloyd Amphitheater, Neptune, N.J.

Wednesday, February 12, 2020, Dr. John O. Burgess, **“MODERN MATERIALS AND PROVEN TECHNIQUES IN RESTORATIVE DENTISTRY”**

JSUMC John K. Lloyd Amphitheater, Neptune, N.J.

Wednesday, March 11, 2020, Dr. Kenneth Hargreaves, **“SUCCESSFUL MANAGEMENT OF ACUTE DENTAL PAIN” and “ISSUES IN MANAGING THE PERSISTENT ENDODONTIC INFECTION”** JSUMC John K. Lloyd Amphitheater, Neptune, N.J.

Wednesday, April 22, 2020, Dr. Gerard Chiche, **“ESTHETIC REHABILITATION FROM 10 UNITS AND UP”** JSUMC John K. Lloyd Amphitheater, Neptune, N.J.

Wednesday, May 6, 2020, Dr. Bruce Christopher, **“THE PSYCHOLOGY OF SUCCESS: SECRETS OF THE SUPERSTARS” and “BAMBI vs GODZILLA – DEALING WITH DIFFICULT PATIENTS”** Sheraton Eatontown Hotel, Eatontown, N.J.

**JERSEY SHORE UNIVERSITY MEDICAL CENTER
MONMOUTH-OCEAN COUNTY DENTAL SOCIETY
1945 ROUTE 33
NEPTUNE, NEW JERSEY 07754**

FORTY YEARS OF EXCELLENCE IN CONTINUING DENTAL EDUCATION

2019-2020

NEW MEMBER SPECIAL REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____ **AGD#** _____

(E-Mail for Important Announcements/Emergency Schedule Changes/Reminders only)
(Please Note that Emergency Schedule Changes and Important Announcements will be available on our web site)

Enclosure **\$1,295.00 tuition** **Check** payable to **J.S.M.C. DENTAL EDUCATION**

Charge to: Visa MasterCard American Express

Account Number: _____ Exp. Date: _____

Signature: _____

Please mail check or charge information with this form to:

**Frederic Paperth, D.M.D.
Department of Dentistry
Jersey Shore University Medical Center
P.O. Box 397
Neptune, New Jersey 07754**

We know you are going to enjoy this year's program. Please mail completed form with your payment or payment information as soon as possible to take advantage of this special tuition, and to insure your place in the program.

Questions - please call Eileen Becker at 732-869-5734