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**CONTINUING EDUCATION GROUP SUBMISSION FORM**

***Please check appropriate box:***

- COMPONENT/DISTRICT SOCIETY**
- SPECIALIST ASSOC./SOCIETY**
- DENTAL ASSISTANT SOCIETY**
- COMMERCIAL SPONSOR**
- OTHER**

Secretary/representative please complete this form on behalf of participants, then mail or fax (604-736-3843 or 1-866-734-9448) to the College. A copy of this form must be retained for record purposes.

Please print clearly in *all* sections.

Name of Group: \_\_\_\_\_

Secretary/contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Subject Matter: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

***(Note: hours for credit only applies to lecture or clinical participation time - not to dinner/business meetings or meal breaks)***

Clinician/Instructor/Mentor: \_\_\_\_\_

NAME	DENTIST OR CDA	REGISTRATION #	TOTAL # OF HOURS

***Continued on Reverse →***

