

CONTINUING EDUCATION GROUP SUBMISSION FORM

Please check appropriate box:

- STUDY CLUB
- COMPONENT/DISTRICT 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 →

