

Please check the appropriate box:

- Study Club
- Component/District Society
- Dental Assistant Society
- Other _____

Instructions

- Please complete this form on behalf of participants
- Send this form by mail to CDSBC, 500 – 1765 W. 8th Ave, Vancouver, BC, V6J 5C6 or by email to CE@cdsbc.org (if you have printed and filled in the form by hand, you can also scan and email the form).
- A copy of this form must be retained for record purposes.

Please print clearly in *all* sections.

Name of Group _____

Secretary/contact _____ Phone _____

Subject Title _____ Subject Matter _____

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, CDA or Dental Therapist	Registration #	Total # of Hours

