

# PHILADELPHIA COUNTY DENTAL SOCIETY

## **CPR ≈ WEDNESDAY – MARCH 21, 2012**

**Adult/Child/Infant CPR Recertification provided by Cardiac Care & Safety**

The Hilton Philadelphia City Avenue Hotel, 4200 City Avenue, Philadelphia, PA

**WEDNESDAY – MARCH 21, 2012 – 3:30 to 5:30 p.m.**

CHECK YOUR CURRENT RECERTIFICATION CARD FOR THE EXPIRATION DATE.

Tuition: \$50.00/person. Attendance limited to 75 persons.

FREE VALET or SELF-PARKING INCLUDED

### **CPR RECERTIFICATION RESERVATION FORM ≈ MARCH 21, 2012**

Use a SEPARATE reservation form for each person — this form may be duplicated.

PCDS MEMBER NAME \_\_\_\_\_ ADA # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TEL # (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ATTENDEE'S NAME \_\_\_\_\_

3:30 to 5:30 P.M. – NO REFUNDS AFTER MARCH 1, 2012

**[NB: NO ADMITTANCE (& NO REFUND) FOR THOSE WHO ARRIVE AFTER 3:30 P.M. – YOU MUST BE PRESENT FROM 3:30 UNTIL THE CONCLUSION OF THE PROGRAM TO RECEIVE YOUR RECERTIFICATION]**

**PAYMENT ENCLOSED (\$50.00/person) IN THE AMOUNT OF ..... \$ \_\_\_\_\_**

Method of Payment: " Check " Visa " MasterCard " Discover " American Express

Card # \_ \_ \_ \_ \_ / \_ \_ \_ \_ \_ Exp. Date \_ \_ / \_ \_

Signature (required for charge cards): \_\_\_\_\_

**Send to PHILADELPHIA COUNTY DENTAL SOCIETY**

**One Independence Place – 241 South 6th Street – Unit #C3101 - Philadelphia, PA 19106-3797**

**TELEPHONE: 215-925-6050**

**FAX: 215-925-6998**

**Confirmation & Tickets will be mailed to you by March 12, 2012.**

*CE transcripts will be mailed each year in December. Each attendee is responsible for forwarding copies to the appropriate licensing or accrediting agencies (State Board, AGD, Specialty Boards, etc.). CPR certification card (good for 2 years) will be distributed to each participant upon successful completion of the program.*