



sacramento
District Dental Society

GENERAL MEMBERSHIP MEETING

Tuesday, April 14, 2015

Hilton Sacramento Arden West
(2200 Harvard Street, Sacramento)

5:45 - 6:45pm—Registration & Vendors

6:50 - 7:15pm—Announcements & Dinner

7:30 - 9:00pm—Speaker

3 CEU (Core)

ALMA MATER NIGHT

X-Rated Imaging Pearls

Presented by:

David C. Hatcher, DDS, MSc, MRCD

David C. Hatcher, DDS, MSc, MRCD(c) received his DDS from the University of Washington and was granted a specialty degree in Oral and Maxillofacial Radiology and an MSc from the University of Toronto. Presently, Dr. Hatcher is in private practice in Sacramento and has faculty appointments as clinical professor at UCLA, UCSF, Roseman University and the University of the Pacific Arthur A. Dugoni School of Dentistry.

There are anatomic boundaries in the maxillofacial region that when exceeded during dental therapy may result in poor treatment outcomes. This presentation will discuss application of conventional and advanced technology in clinical practices; including general dentistry, surgery, sleep medicine, orthodontics, implant dentistry, endodontics and TMD. The role of imaging for identifying and characterizing the anatomic boundaries will be presented.

Course Objectives:

- Be able to recognize key anatomic boundary conditions
- Be able to select the patients that would benefit from advanced imaging (CBCT)
- Be able to apply problem solving strategies to determine the etiology of abnormal anatomy

PARKING INCLUDED IN REGISTRATION PRICE!

ALSO AT THIS MEETING:
Wear Your School Colors!
April is Oral Cancer Awareness Month

SDDS Member's Name: _____ Designation: _____ Telephone: (____)____-____

Address: _____ City/State/Zip: _____

Registrant(s): _____
(including member dentist)

SDDS/ADA Member/Staff/Guest* (Early Registration) \$60	Regular Registration (after 3/31) \$75
DHP Member (Early Registration) \$55	Regular Registration (after 3/31) \$70
Non-member (Early Registration) \$120	Regular Registration (after 3/31) \$150

Payment Method: Check Visa MasterCard Bill Me Total Amount: \$ _____

Cardholder Name: _____ Card #: _____ Exp. Date: ____/____


Security Code (3-digit number on back of card): _____ Billing Address: _____

Dentists only: I am a participant in the DMD program. Yes No ••• This is the first General Membership Meeting I have attended. Yes No

Please fax or mail registration form to: SACRAMENTO DISTRICT DENTAL SOCIETY: 2035 Hurley Way, Ste. 200 • Sacramento, CA 95825 • Phone: 916.446.1227 • Fax: 916.447.3818 • www.sdds.org
This course meets the Dental Board of California's requirements for 3 units of Continuing Education. The Sacramento District Dental Society is an approved CE provider through the Dental Board of California (RP2168).

MEAL SELECTION:
(please list choice after each registrant's name)

(A) Black Pepper Crusted Pork Loin
(B) Pasta Purse filled with 4 cheeses



Cancellation Policy: Full refund granted less \$25 administration fee, if received in writing by March 31, 2015. NO REFUNDS after March 31, 2015 or for NO SHOWS (including registrations received after this date). Attendee registrant substitutions OK. PLEASE CALL SDDS WITH ANY SPECIAL DIETARY NEEDS.

* Guests must be member staff or spouse only. Non-member dentists & non-member staff must pay non-member fees.



Academy of General Dentistry
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