

# The Coalition For Oral Health For the Aging Invites You to a CE Event for Dental Professionals

COHA is a non-profit organization and all proceeds from this event will be used to promote our mission of improving the oral health of older adults.

## Geriatric Dentistry for the 21st Century: “What Every Dental Professional Should Know and Do”

As the population ages, more older people are retaining their teeth. However, maintaining the oral health of our elderly dental patients can be challenging due to their poor cognitive skills and manual dexterity. **Are you prepared to help your patients preserve their lifetime investment in oral health?** We will discuss treatment-planning considerations specific to older patients including restorative and preventive strategies. The three critical components to oral health for this population will be discussed. Common myths regarding oral health of the aging will be debunked in order to educate and empower our patients and/or their caregivers to maintain their smile for a lifetime.

### Registration

Go to: **www.micoha.org** and click on the Seminars/Register tab  
or use the attached registration form  
*Payment is accepted by check or online with a credit card*

### Speakers

Elisa M. Ghezzi, DDS, PhD

Dental care provider to residents of nursing and assisted-living facilities in metropolitan Detroit. Adjunct Clinical Assistant Professor Department of Cariology, Restorative Sciences, and Endodontics, University of Michigan School of Dentistry.

Mary M. Fisher, DDS

Dental care provider to residents of nursing and assisted-living facilities in metropolitan Detroit as well as a private practice in West Bloomfield.

#### Date/Time

Thursday August 7, 2014  
6:30pm - 8:30pm

#### Cost/CEU

\$30 per person/2 CEU's

#### Location

**Novi Public Library**  
45255 West Ten Mile Road  
Novi, Michigan 48375  
East/West Meeting Room

# Seminar Registration Form

“Geriatric Dentistry in the 21st Century”  
August 7, 2014 from 6:30 - 8:30pm  
At the Novi Public Library

Registrants List: **Please print clearly**

Name	Credentials
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Address: \_\_\_\_\_  
\_\_\_\_\_

\*Phone Number: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Please provide 2 ways for us to reach you in case of cancellation.

Please multiply the number of registrants by \$30.

**Total due:** \_\_\_\_\_

Please make check payable and mail it and this form to:

**COHA**  
**26024 Pontiac Trail**  
**South Lyon, MI 48178**