**ESDHA Seminar for Wednesday, May 16, 2018 6 - 9 pm**

**“Prevention – Oral Health for Life”**

**Three (3) Courses in one program:**

1. **Early Childhood Caries and Pit and Fissure Sealants**
2. **White Spot Lesion (WSL)- Treatment for Orthodontic Patients**
3. **The Older Adult and Oral Health**

**Presented by: 3M, Benco Corporation and Eastshore Component of the Michigan Dental Hygiene Association (MDHA)**

**Location: Italian American Cultural Society Banquet and Conference Center, 43843 Romeo Plank Road, Clinton Township, MI 48038**

**Courses Purposes:**

Check-in: 5:30 – 6 pm

Dinner served starting at 5:30 pm

ESDHA Business Meeting: brief

3M Presentation: 6-9 pm

**Registration form and payment is due BEFORE April 27, 2018**

 Seminar Fee: ADHA Member - $35 Non ADHA Member - $60 Student - $25

**Please make check payable to “ESDHA”**

\*\***3 CEUs and meal is included with registration fee**\*\*\*

Invite your friends and co-workers to attend with you!

**Early Childhood Caries and Pit and Fissure Sealants – This course will focus on the oral health care provider’s ability to empower and educate new parents on oral wellness for their child, focusing on preventive measures including oral hygiene, professional fluoride application, and pit and fissure sealants**

**White Spot Lesion (WSL) – Treatment for Orthodontic Patients – This course will focus on successful management strategies for patients undergoing orthodontic treatment, including the etiolog, and prevention of white spot lesions (WSL), a common adverse effect for patients in orthodontic treatment.**

**The Older Adult and Oral Health – This course will focus on the oral care needed for the geriatric population and discuss options available.**

**This program provides 3 CEUs.**

**ESDHA Registration form for Wednesday, May 16, 2018 6 - 9 pm**

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**Presented by 3M**

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Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

What is your profession? RDH RDA/CDA DDS/DMD Student Other \_\_\_\_\_\_\_

What is your professional license number/ID? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of ADHA? YES or NO

If YES, what is your ADHA number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If NO, why haven’t you become a member of the ADHA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail Check (Please make check payable to ESDHA and Registration form to:**

**Susan Radzom, RDH; 69870 Ferguson St., Richmond, MI 48062**

## Any questions? Please email us at sradzom@gmail.com