



SDS 2024 BLS Renewal Courses

Stanislaus Dental Society Continuing Education Committee is pleased to announce continuation of our BLS Renewal Course Program allowing SDS members and staff the opportunity for recertification conveniently and at a minimal cost.

Time: 9:00am (SHARP) to 12:00pm

Credits: 3 Hours / Units

Cost: \$60.00 per person - **Must** be paid in advance to reserve your space in the class.
(Registration by email will only be accepted if paying by c/c.)

Location: KCI / EMS 4836 Stratos Way. Unit A, Modesto (*Off Kiernan, off McHenry*)

Changes must be submitted one week prior to your class date. Please do not arrive without an appointment; you will not be allowed to attend. Contact the SDS office if canceling; there is usually a wait list of attendees wanting your spot!

Registration fees for no-shows are ***forfeited***
and are not transferable to another class!

Please retain a copy of this notice and mark your calendar as no followup confirmation will be issued. You will be contacted if the course you want is full.

DATE	TIME
<u>Friday, January 5</u>	9:00am – 12:00pm
<u>Friday, February 2</u>	9:00am – 12:00pm
<u>Friday, March 1</u>	9:00am – 12:00pm
<u>Friday, April 5</u>	9:00am – 12:00pm
<u>Friday, May 10</u>	9:00am – 12:00pm
<u>Friday, June 7</u>	9:00am – 12:00pm

The American Heart Association requests that every attendee purchase the Basic Life Support (BLS) Provider Manual prior to the course. The book can be purchased online for \$18.50 at, <https://shopcpr.heart.org/bls-provider-manual> Choose Item #20-1102. The book is also available for download as an EBook. *Note: If you Google the name of the book, you can find it at various sites for \$6. Please bring the manual or EBook with you to class.

!WALK-INS NOT ACCEPTED – YOU MUST BE PRE-REGISTERED!

REGISTRATION FORM
2024 BLS - \$60.00 per person

OFFICE OF DR. _____ PHONE: _____

ADDRESS _____

(PRINT NAME CLEARLY AND EXACTLY AS IT SHOULD APPEAR ON YOUR BLS CARD)

REGISTER:	LICENSE #:	SPECIFY DATE:
1) NAME: _____	_____	_____
2) NAME: _____	_____	_____
3) NAME: _____	_____	_____
4) NAME: _____	_____	_____
5) NAME: _____	_____	_____
6) NAME: _____	_____	_____
7) NAME: _____	_____	_____
8) NAME: _____	_____	_____
9) NAME: _____	_____	_____
10) NAME: _____	_____	_____

Payment:

_____ Check Amount: \$ _____

_____ Credit Card (American Express/VISA/MasterCard/Discover)

Name on Card: _____ CV(3-digits) _____

CC# _____ Exp. (mm/yr) _____ / _____

(Credit card payments can be sent by email, sdsdent@thevision.net or Fax: (209) 522-9448
or

Mail: Stanislaus Dental Society
2401 E. Orangeburg Ave. Ste. 675-319
Modesto, CA 95355

Please note: Your check for the appropriate amount and the form indicating the date you have selected **must be received no later than 2 weeks** prior to the BLS class. Space is limited. Registrations will be accepted on a first-received, first-served basis.