

# Advancing the **Vision**

January 30 - February 1, 2020 Boston Convention & Exhibition Center

## **MINUTEMAN LECTURES**

Engage a room of 300 attendees by providing them with top-notch education on Saturday, February 1, 2020. The Minuteman program consists of 9, one-hour clinical sessions that are complimentary for attendees. The Yankee Program Committee will review courses to approve and determine if CE credits will apply to the course being offered. Companies must send the speaker's course outline with objectives to the Massachusetts Dental Society by **June 10, 2019** to be included in the official Yankee Program Book. In order to participate in these classrooms your company must be a contracted Yankee 2020 exhibitor.

**AV Provided:** Screen, HD Projector, Wireless Slide Advancer, Laser Pointer, Podium, Wireless Lav, Laptop (Please note: no 3:1 screens are permitted)

In order to operate in accordance with ADA CERP standards please note that product- promotion material or product-specific advertisement of any type is prohibited in or during the continuing education program. If you have a speaker change—MDS must be notified as soon as possible. MDS has final approval of all speakers/course topic and can cancel at any time.

### Available time slots.

#### Saturday, February 1, 2020 \$1,500 Classrooms Seat 300

- □ 8:00 9:00 am (2 slots available)
- 9:30 10:30 am (2 slots available)
- □ 11:00 am 12:00 pm (2 slots available)
- □ 1:00 2:00 pm (2 slots available)
- □ 2:30 3:30 pm (2 slots available)

**APPLY ONLINE AT** 

vankeedental.com

Company Name	
Contact Name	
Company Address	
City/State/Zip	Telephone
Email	Website
The CE department will contact you with requirements for course objectives, cou	rse description, and the speaker information. Please fill out the following:
Speaker	
Speakers who are licensed dentists must be ADA members.	
Title of Course	
Please Note: Courses will NOT be published or finalized until all information is received. Courses can objectives will NOT be accepted.	not be an infomercial and any specific mentions of product in course title, description, and

#### **Method of Payment**

MaatarCard (		American Express	Amount Due:		
	U VISa		Amount Due.		Or Mail Completed Form with Payment to: Massachusetts Dental Society
CREDIT CARD #		EXP. DATE		Yankee Exhibits Two Willow Street	
AUTHORIZED SIGNA	ATURE				Southborough, MA 01745
NAME OF CARDHOLDER (PLEASE PRINT)				Or Fax to: <b>508.772.0668</b>	