

PEDIATRIC PAVILION

Educate doctors and staff on the comprehensive needs of pediatric patients. The pavilion will include educational programs on pediatric crowns, sleep disorders, and unique programs by the New England Center for Children on working with children in the autism spectrum.

There will be a total of 6 slots available. A lecture space will seat 80. Basic AV will be provided in each, including a LCD projector, screen, and wireless LAV microphone. If additional AV is required, please contact **Samantha Blache** at sblache@massdental.org. **Additional AV is at the expense of the sponsoring company.**

Rooms will be available in 2 hour time slots. Courses will run Thursday, January 30th through Saturday, February 1st. Selection of a classroom location and time slots is on a first-come, first-serve basis. In order to participate in these classrooms your company must be a contracted Yankee 2020 exhibitor.

All speaker honoraria, travel and expenses must be arranged by the sponsoring company. Yankee reserves the right of final approval of all speakers. Yankee volunteers will be available for assistance, but company representatives need to set up the room with materials and supplies. Companies are also responsible for clean-up after the course to ensure the room is ready for the next program.

Deadline to be included in the official Program Book is June 10, 2019.

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/topics and can cancel them at anytime.

Cost to participate:

\$1,500 per 2 hour slot

There are a total of 6 slots available. Please indicate which time slot you prefer.

THURSDAY

10:00 am - 12:00 pm

2:00 pm - 4:00 pm

FRIDAY

10:00 am - 12:00 pm

2:00 pm - 4:00 pm

SATURDAY

10:00 am - 12:00 pm

1:00 pm - 3:00 pm

Company Name _____

Contact Name _____

Company Address _____

City/State/Zip _____ Telephone _____

Email _____ Website _____

The CE department will contact you with requirements for course objectives, course 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Please Note: Courses will NOT be published or finalized until all information is received.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 cannot be an infomercial and any specific mentions of product in course title, description, and objectives will NOT be accepted.

Method of Payment

MasterCard Visa American Express Amount Due: _____

CREDIT CARD # _____ EXP. DATE _____

AUTHORIZED SIGNATURE _____

NAME OF CARDHOLDER (PLEASE PRINT) _____

APPLY ONLINE AT
yankeedental.com

Or Mail Completed Form with Payment to:
Massachusetts Dental Society
Yankee Exhibits
Two Willow Street
Southborough, MA 01745

Or Fax to: **508.772.0668**