YANKEE® DENTAL CONGRESS

2018

January 24 - 28, 2018
Exhibits: January 25 - 27, 2018
Boston Convention & Exhibition Center

PRACTICE TRANSITION CLASSROOM

Give doctors the opportunity to learn how you can help them with buying, selling, or constructing a practice. This classroom is specifically designed to highlight relevant companies in our area. We will offer two slots on Thursday, one slot on Friday, and two slots on Saturday that will be open first come, first serve for companies to reserve and offer courses of their choice. (Yankee reserves the right to edit and approve final course description)

The Friday morning course will be a panel discussion, and we will allow five panelists to participate. We would ask that each speaker submit questions ahead of time as initial questions to be discussed. (These will be distributed ahead of time, so that everyone has time to prepare.) Please note, that we will allow doctors to ask questions.

To participate in these classrooms your company must be a contracted Yankee 2018 exhibitor. 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.

THURSDAY COURSE
- ☐ 10 am - 12 pm $1,600
- ☐ 2 pm - 4 pm $1,600

FRIDAY PANEL PROGRAM
- ☐ 10 am - 12 pm $650

FRIDAY COURSE
- ☐ 2 pm - 4 pm $1,600

SATURDAY COURSE
- ☐ 10 am - 12 pm $1,600

SATURDAY COURSE
- ☐ 2 pm - 4 pm $1600

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Speaker _____

Title of Course _____

6-8 Objectives of Presentation _____

_____

_____

Description of Presentation _____

_____

Please send speakers CV with this application.

Method of Payment

☐ Check enclosed payable to: Massachusetts Dental Society, Exhibits Department

☐ MasterCard ☐ Visa ☐ American Express Amount Due: _____

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CREDIT CARD # EXP. DATE

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AUTHORIZED SIGNATURE

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Mail Completed Form with Payment to:

Massachusetts Dental Society
YDC Exhibits
Two Willow St., Suite 200
Southborough, MA 01745

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Questions? Contact Amanda Torpey **atorpey@massdental.org • (508) 449-6031**