



**2019 Continuing Education Calendar**

Check	Date	Time	Location	Topic
	Jan. 26 <sup>th</sup>	8 am—12:30 pm	Handlery Hotel 950 Hotel Cir. N	Dental Practice Act/Infection Control
	Mar. 15 <sup>th</sup>	8:30 am – 3:30 pm	SDCDS Office	OSHA/HIPAA Employee Manual Training Course** (open to 1 sponsor only)
	April 12 <sup>th</sup>	9 am— 4 pm*	TBD	Get the Most Out of Your Cone Beam CT
	Apr. 27 <sup>th</sup>	8 am—12 pm	The Crossings at Carlsbad	Ethics in Dentistry
	Jun. 7 <sup>th</sup>	9 am—4 pm*	TBD	Practice Management
	Jul. 20 <sup>th</sup>	9 am—4 pm*	Adm. Baker Golf Course Clubhouse	Successful Anterior Implant Esthetics
	Sept. 13 <sup>th</sup>	9 am—4 pm*	TBD	Pharmacology
	Oct. 11 <sup>th</sup>	8 am—12:30 pm	Adm. Baker Golf Course Clubhouse	Dental Practice Act/Infection Control

**Sponsorship Packages**

<b>\$ 7452 - Premier Sponsor</b> <i>(a \$8280 value!)</i>	Booth space is provided for <b>6</b> meetings. Sponsor's logo is projected on screen before the speaker introduction and during all breaks. Also, premier sponsors receive a ¼ pg. ad in 10 issues of Facets!
<b>\$ 5189 - Headline Sponsor</b> <i>(a \$5640 value!)</i>	Booth space is provided for <b>5</b> meetings. Sponsor's logo is projected on screen before the speaker introduction and during all breaks. Also, headline sponsors receive a 1/8 pg. ad in 10 issues of Facets!
<b>\$2675 - Annual Booth Sponsor</b> <i>(a \$2875 value!)</i>	Booth space is provided for <b>4</b> meetings. Sponsor's logo is projected on screen before the speaker introduction and during all breaks.
<b>\$1410 - Two Meeting Sponsor</b> <i>(a \$1500 value!)</i>	Booth space is provided for <b>2</b> meetings. Sponsor's logo is projected on screen before the speaker introduction and during all breaks.
<b>\$750 - Individual Meeting Sponsor</b>	Booth space is provided for <b>1</b> meeting. Sponsor's logo is projected on screen before the speaker introduction and during all breaks.

**Additional Details:**

As a sponsor at our CE events, you have the opportunity to meet face to face with 100-200 member dentists in San Diego County. 1-2 representatives are allowed for each meeting. Sponsors have opportunities to mix with attendees during registration, breaks, lunch and after the meeting outside of the lecture hall. In addition, our Facets newsletter reaches nearly 2000 dentists each issue. This is your chance to promote your company in person and through proven advertising!

\*Lunch provided for all day long meetings. \*\*Manual Training Course open to 1 sponsor at \$500.



**Terms:**

Regarding Terms, Conditions and Purposes of an Educational Grant between San Diego County Dental Society (SDCDS), an ADA CERP approved provider of continuing dental education, and \_\_\_\_\_ (herein after the Company) for support of a continuing dental education (CDE) activity.

The above company wishes to provide support for the continuing education activity indicated above by means of (indicate those that apply):

· Unrestricted educational grant (sponsorship) in the amount of: \$ \_\_\_\_\_

· In-kind support (e.g., donation or loan of equipment, supplies, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conditions:**

1. Statement of Purpose: program(s) is for scientific and educational purposes only and will not promote the Company's products, directly or indirectly.
2. Control of Content and Selection of Presenters and Moderators: SDCDS is solely responsible for selection of course content, instructors and moderators based on their qualifications, independence and balance. The Company will not suggest speakers or direct the content of the program.
3. Disclosure of Financial Relationships: SDCDS will ensure meaningful disclosure to the audience at the time of the program, of (a) Company funding and (b) any significant relationship between the Provider and the Company (e.g., grant recipient).
4. Involvement in Content: there will be no "scripting", emphasis, or direction of content by the Company or its agents.
5. Ancillary Promotional Activities: No promotional activities will be permitted in the same room as the educational activity. No product advertisements will be permitted in the same room as the educational activity.
6. Objectivity and Balance: SDCDS will make every effort to ensure that data regarding the Company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information in the product(s) and/or alternative treatments.
7. Limitations on Data: SDCDS will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. Opportunities for Debate: SDCDS will ensure meaningful opportunities for questioning or scientific debate.
9. Independence of SDCDS in the use of Contributed Funds: a. funds are to be in the form of an educational grant made payable to SDCDS; b. all other support associated with this CE activity (e.g., educational materials, course supplies, etc.) must be given with the full knowledge and approval of SDCDS; c. no funds from the Company will be paid directly to the program director, instructor/author, or others involved with the CE activity.
10. SDCDS and the Company agree to abide by all the requirements of the ADA CERP Recognition Standards.
11. SDCDS shall acknowledge educational support from the Company in program brochures, syllabi, and other program materials
12. Upon request, SDCDS shall furnish the Company with a report concerning the expenditure of the funds provide



**CONTACT & PAYMENT INFORMATION**

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Or send check to: San Diego County Dental Society  
1275 W. Morena Blvd Ste. B San Diego, CA 92110

I understand and agree to the above terms

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CE Provider Name: San Diego County Dental Society  
CE Provider Representative: Mike Koonce

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this signed contract to Meg Hamrick at [admin@sdcds.org](mailto:admin@sdcds.org) or fax to **619.275.0646**