



Administered by:



REGISTRATION FORM

☐ GA or ☐ PCS Permit Renewal Program

NAME: _____ ☐ DMD ☐ DDS ☐ other

Practice Name: _____

Home Address: _____

AGD # _____ **ADA #** _____ **GA or PCS #** _____

PHONE: _____ **CELL:** _____

FAX: _____ **E-MAIL:** _____

COSTS:

☐	Day 1-Tuesday WebEx Lecture 8:00-5:00 (8 hrs)	\$500
☐	Day 2-Thursday WebEx lecture 12:30-5:30 (5 hrs)	\$300
☐	Day 3am - Friday SIM Lab 8:00-12:00 (4-hr)	\$550
☐	Staff Member	\$ 50
☐	Additional Staff Members(max 3)	\$150
	(names:_____)	
☐	Day 3pm - Friday WebEx Lecture 1:00-5:00 (4 hrs)	\$300

(please make checks to ASAASD)

**Course Dates - Spring April 21, 23, 24, 2026
or Fall October 20, 22, 23, 2026**

Recertification Program - PCS or GA

**PLEASE INCLUDE A COPY OF YOUR LICENSE WITH YOUR REGISTRATION
and NEGATIVE PPD (TB) TEST (less than 1 year old)**

Travel directions and lodging information will be sent on registration

JOSEPH PORTALE, DMD, MAGD

ASAASD, EXECUTIVE SECRETARY

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