

Stanley F. Malamed, DDS

Dr. Malamed has authored more than 140 scientific papers and 17 chapters in various medical and dental journals and textbooks in the areas of physical evaluation, emergency medicine, local anesthesia, sedation and general anesthesia. In addition, Dr. Malamed is the author of three widely used textbooks, published by CV Mosby: Handbook of Medical Emergencies in the Dental Office (6th edition 2007); Handbook of Local Anesthesia (6th edition 2011); and Sedation - a guide to patient management (5th edition 2010) and two interactive DVD's: Emergency Medicine (2nd edition, 2008) and Malamed's Local Anesthetic Technique DVD (2004)

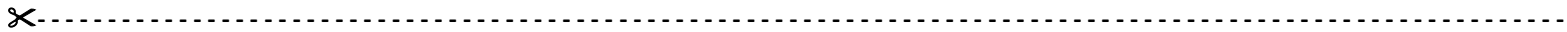
Tuesday, October 3, 2017
Crowne Plaza LAX Hotel
5985 W. Century Blvd.
Los Angeles, CA 90045

6:00pm Registration & Cocktail Reception
7:00pm Continuing Education Dinner
***All complimentary registrations please email**
Angelcitydentalsociety@gmail.com
Subject: CE Registration
(Include your name and current program of attendance)

Course Title: 10 Minutes to Save a Life

Course Description: Dr. Malamed will discuss the preparation for and management of more common medical emergencies occurring in the dental environment, including seizures, allergy and cardiac problems. This course is a must attend for entire clinical office staff.

CE Credits: 3



Early bird registration received via mail or online by 9/29/17.

***Members \$75.00**
***Non-members \$95.00**
***RDH/RDA-\$75.00**
***2017 Residents/DDS Students**

Complimentary Registrations received after 9/29/17 or at the door the date of CE Meeting will incur a \$20.00 additional fee.

Registrant Information:

Name: _____ D.D.S. D.M.D R.D.H. R.D.A. Other _____

Preferred Address: Business Home

Street: _____

City, State, Zip _____

Phone: _____ **e-mail:** _____

Payment Information:

Check: Amount: \$ _____ Make payable to: Angel City Dental Society

Credit Card: Visa MC AMEX **Name on Card:** _____

Credit Card Number: _____ **CVV:** _____ **Exp. Date:** _____

Amount: \$ _____ **Signature:** _____

Please return completed registration form to:
 Angel City Dental Society
 P.O. Box 91553
 Los Angeles, CA 90009-9998

e-mail: AngelCityDentalSociety@gmail.com

Phone: 323-296-4664