

**Course:** *Placement of Restorative Materials*

**Location:** Office of Dr. Joseph Shea, 3555 Sunset Office Dr, Ste 200, St. Louis, MO

**Date & Time:** September 26, 2008 (Friday) • 8:30 a.m. to 5 p.m.

**Fee:** \$335 (lunch included)

**Description:** Prerequisites are mailed out four weeks in advance of the scheduled course date to allow the student sufficient study time. The prerequisite modules discuss tooth surfaces, general tooth morphology, anatomy of maxillary anteriors and posteriors, anatomy of mandibular anteriors and posteriors, the basic instrument grasp and finger rest, general principles of instrument use for restorative procedures and the restoration of cavity preparations with amalgam and composite resin. At the beginning of the course, the student takes a prerequisite test and with a passing score, continues to the hands-on modules. The course involves placing and carving class I pit amalgam restorations, class V amalgam restorations, class I occlusal amalgam restoration, class VI amalgam restorations, class I facial pit composite restoration, class V composite restorations, class I occlusal composite restorations, class VI composite restorations and will highlight minor palliative care of dental emergencies. Upon successful completion of the modules, the student receives a certificate for Dental Anatomy and Morphology and a certificate for completion of Placement of Restorative Materials

**Register:** Complete this form and return it to the GSLDS. Limit of 12 registrants per course. Registration is accepted on a first come, first served basis. For questions, contact Laura Breeden at 314-569-0444, or Laura@gslsds.org *A separate enrollment form must be completed for each registrant.*

**Deadline:** **Monday, August 25, 2008 (form for enrollment received by this date)**

**Note:** Along with enrollment form, you must include a copy of your CDA or COA certificate, or Basic Skills Mastery Exam certificate of completion. **Cancellation Policy:** A \$25 fee per registrant will be charged for all cancellations made one to six weeks prior to the course; no refund will be given for cancellations within one week of course.

Registrant Information		
First Name:	Last Name:	MI:
Name as to appear on badge:		
Doctor's Name:		
Work Address:		
City:	State:	Zip:
Office Phone:	Office Fax:	
Email:		
Payment Information		
Fee: <b>\$335</b>	<input type="checkbox"/> Check Enclosed ( <i>Pay to GSLDS</i> )	<input type="checkbox"/> Credit Card ( <i>MC &amp; Visa only</i> )
Credit Card Number:	Expiration:	
Name as it appears on card:		
Signature:		