



## 2024 Dental Risk Management Seminar and Infection Prevention Presentation

Brookfield Conference Center • Friday, September 20, 2024  
325 South Moorland Road • Brookfield, WI 53005 • 262.789.0220

### HOST

**Professional Insurance Programs**  
A division of WDA Insurance & Services Corp.  
800.637.4676

### FEE

Seminar: \$50 Dentists | \$25 Staff  
Infection Presentation: \$25 All Attendees  
\$20 Sandwich Box Lunch (Optional)

### REGISTRATION FORM

Please print clearly when completing this form. Please list additional attendees on a separate sheet and attach.

#### Risk Management Seminar (\$50 Dentists/\$25 Staff)

NUMBER OF DENTISTS ATTENDING \_\_\_\_\_

NAME \_\_\_\_\_

NUMBER OF STAFF ATTENDING \_\_\_\_\_

NAME \_\_\_\_\_

#### Infection Presentation (\$25 – See enclosed flyer)

NUMBER OF DENTISTS ATTENDING \_\_\_\_\_

NAME \_\_\_\_\_

NUMBER OF STAFF ATTENDING \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

NUMBER OF BOX LUNCHES (\$20 EACH) \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

Total Payment Enclosed \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**REGISTRATION DEADLINE: SEPTEMBER 4, 2024**

➤ **Register Online  
with Credit Card:**

[www.insuranceformembers.com/rms24](http://www.insuranceformembers.com/rms24)

➤ **If paying by check,  
please make checks payable to:**

Professional Insurance Programs

➤ **Mail your registration form and check to:**

Professional Insurance Programs  
6737 West Washington Street, Suite 2360  
West Allis, WI 53214

**Please contact Professional Insurance Programs at 800.637.4676  
or email [info@profinsprog.com](mailto:info@profinsprog.com) with any question or comments.**

#### REFUND POLICY

If insufficient enrollment results in cancellation of the seminar, registration fees will be returned. Cancellation received through September 4th will receive a full refund. Cancellation received September 5th and after will receive a refund of 1/2 of the registration fee.