

Join your dental colleagues for an informative and enjoyable evening!

## AGENDA

Fanny Hill Banquet Center  
3919 Crescent Ave., Eau Claire ♦ 715-836-8184  
Thursday, September 4, 2008

2:00 – 4:00 p.m	Continuing Education Program
4:00 – 5:00 p.m	WDA Open Discussion
5:00 – 6:00 p.m	Networking Reception (cash bar & hors d'oeuvres)

### CE PROGRAM

#### “Modern Removable Partial Denture Philosophy”

The purpose of this course is to investigate the principles of RPD construction which are supported by evidence.

Dr. Michael Waliszewski, DDS, MSD  
Assistant Professor

Marquette University School of Dentistry

Attendees will receive two credit hours of continuing education.

### TOWN HALL MEETING

WDA officers, Region 1 trustees and senior staff will be on hand to listen to your ideas and concerns and answer your questions about issues affecting dentistry in our state. Bring your questions, comments and suggestions for a lively discussion with the following:

Dr. Monica Hebl, President  
Dr. Michael Kaske, President-Elect  
Dr. Kent Vandehaar, Vice President  
Dr. John Moser, Treasurer  
Dr. Denny Engel, Editor  
Dr. Julie Fox, Trustee  
Dr. Paul Hagemann, Trustee  
Dr. Dave Kenyon, Trustee  
Mr. Mark Paget, Executive Director  
Ms. Jeanne Rude, Chief Operating Officer  
Ms. Lani Becker, Director of Member Services  
Ms. Mara Brooks, Director of Government Services  
Ms. Carol Weber, Director of Public Relations

### COST

\$10 per person (pre-registration) by August 28th  
\$15 per person (on-site)

To encourage participation, the Wisconsin Dental Association is underwriting a portion of the expenses.

Questions: Call WDA Executive Director Mark Paget at 414-755-4100

#### Region 1 Town Hall Meeting

Name of attendees \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ # attending @ \$10 = \$ \_\_\_\_\_

#### METHOD OF PAYMENT:

• Credit card:  Visa  Mastercard

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Zip Code where you receive your credit card statement \_\_\_\_\_

Authorized Signature \_\_\_\_\_

• Check payable to WDA



## REGISTRATION FORM

#### SEND REGISTRATION TO:

Wisconsin Dental Association  
6737 West Washington Street #2360  
West Allis, WI 53214  
Fax: 414-755-4101