



DEPARTMENT OF HEALTH, DEVELOPMENTAL DISABILITIES DIVISION AND THE PACIFIC RIM

CONFERENCE ON DISABILITIES CO-PRESENT

Paul Glassman, DDS

Monday, April 14, 2008, 4-8 p.m.
Sheraton Waikiki

4-5:30 "ACHIEVING AND MAINTAINING ORAL HEALTH FOR PEOPLE WITH SPECIAL NEEDS"

5:30-6 BREAK

6-8:00 **AN EVENING WITH DR. GLASSMAN: For Dental Professionals**
"Treating Fearful Patients with and without Cognitive Impairment"
(Light snack provided)

Continuing Education Credit: 3.5 credit hours
Approved by Hawaii State Board of Dental Examiners

Dentist and Dental Hygienists- \$50.00

Parking is available at the Sheraton.

Registration Form

First Name _____
 Last Name _____
 Organization _____
 Street Address 1 _____
 Street Address 2 _____
 City _____ State/Province _____ Postal Code _____
 Country _____ Phone Number _____ Fax Number _____
 E-mail Address _____

Accessibility Requests

Deadline for requests April 10, 2008 – Any requests after this date will be fulfilled if services are available.

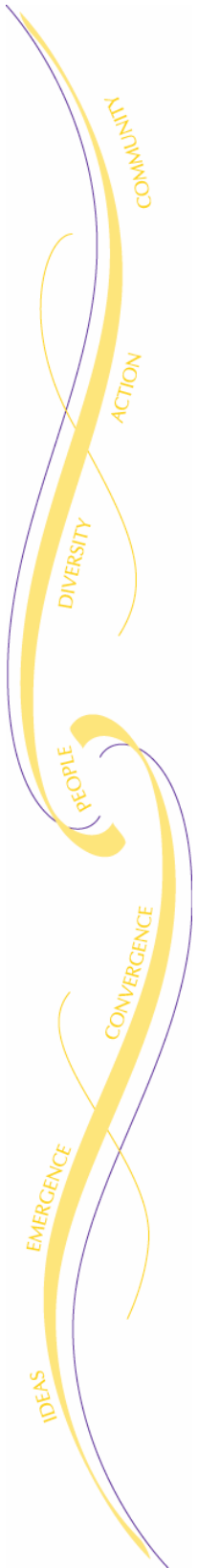
Assistive	Listening	Device Braille	Materials	Vegetarian Meal
Large Print Materials	Sign Language	Interpreter Services:		ASL Signed English

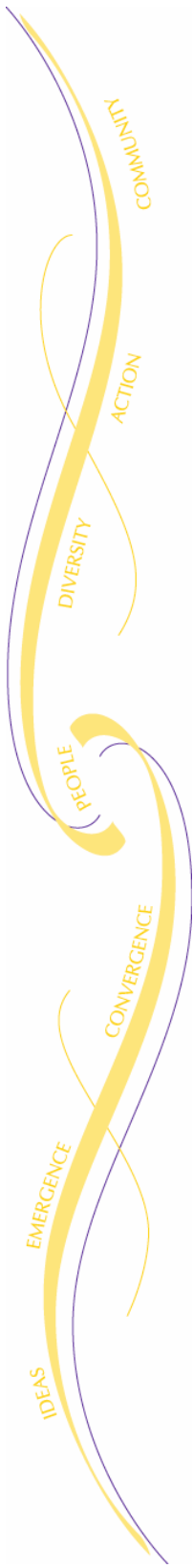
Registration Fees and Deadlines

Deadline for Registration for the Dental Seminar is Thursday, April 10th, 2008



CENTER ON DISABILITY STUDIES
1776 University Avenue UA 4-6 • Honolulu, HI 96822
www.cds.hawaii.edu • P 808.956.7539 • F 808.956.7878
cccrocke@hawaii.edu





Method of Payment

Checks, Money Orders and Purchase Orders are to be made payable to: RCUH #1324 – Center on Disability Studies. Federal Tax ID # 99-0115254. Hawai'i Department of Education Code 119-183.

Total Amount: \$ _____

Check #: _____ Money Order: _____

Purchase Order #: _____ Credit Card _____

On-site Payment: Check Cash

Credit Card Information

Check one: MasterCard Visa Government P-Card

Number _____ Exp Date _____ 3 or 4 Digit Security Code _____

(Listed on the back of card)

Name _____ Phone Number _____

(As it appears on the card)

Billing Address 1 _____

Billing Address 2 _____

City _____ State/Province _____

Postal Code _____ Country _____

Mail, Fax or E-mail

Call 1 (808) 956-7539 with any problems or concerns.

Mail to: Pac Rim 2008

Center on Disability Studies, COE

1776 University Avenue, UA 4-6

Attn: Dental Seminar

Honolulu, Hawai`i 96822

Fax to: 1 (808) 956-7878

E-mail to: prinfo@hawaii.edu

Refunds/Cancellation Policy

All cancellations must be made in writing, mailed and postmarked no later than *April 1, 2008*.



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