

Southeast District Dental Society

Annual Meeting

Friday, August 16, 2019

Pine Bluff Country Club, Ballroom



Featuring Nationally Recognized Speaker

John P. Kenney, DDS, MS

Dentistry's Role in Combating Human Trafficking and Domestic Violence

6.0 CDE Hours

This course will introduce the dental team to the scourge of human trafficking and domestic violence which occurs daily in the United States. This program will include information from the Department of Homeland Security and ICE. We will cover how you can recognize these victims in your community and the scope of the problem. Dentistry is involved in two ways, DHS/ICE often needs scientific means to determine the age of certain victims, and third molar/hand wrist films are often used to accomplish that task. It is also conceivable that a victim of human trafficking will sustain dental trauma and may need cosmetic dental restoration.

After this course you will be able to:

Understand the scope and recognize the victims of human trafficking and domestic violence.

Understand Dentistry's role in reporting these cases.

Registration 8:00 a.m.

Lecture 8:30 a.m. – 4:00 p.m.

Business Meeting and Lunch 11:30 a.m. – 1:00 p.m.

ASDA Member Dentists.....	\$100	<i>Pre-Registration until August 1, 2019</i>
ASDA Member Dentists.....	\$150	<i>after Pre-Registration and on-site</i>
ASDA Member Dentist Staff.....	\$40	<i>Pre-Registration until August 1, 2019</i>
ASDA Member Dentist Staff.....	\$75	<i>after Pre-Registration and on-site</i>
Non-Member Dentist.....	\$200	

Attendees:

Name: _____ Dentist Staff
_____ Dentist Staff
_____ Dentist Staff
_____ Dentist Staff

Office Name: _____

Office Address: _____ Office Phone: _____

Please return your registration to: [Questions contact Edie Arey at 501-222-9101 or edie@smallbitespd.com](mailto:edie@smallbitespd.com)
SEDDS C/O Dr. Keith Jones, 1001 S. Bowman Rd, Ste 1, Little Rock, AR 72211 OR Fax to 501-319-7421

Make checks payable to Southeast District Dental Society or Credit Card information below.

Card number: _____ Exp Date: _____ CVV Code: _____
Name on card: _____ Billing Zip Code: _____ **TOTAL AMOUNT** _____