FEBRUARY 7–9, 2019
WESTIN SNOWMASS RESORT
SNOWMASS VILLAGE, COLORADO

Earn CE and Play on the Mountains

Slope-side resort • Easy travel in & out • Thrilling terrain
Ski-village charm • World-class shopping • Family friendly

CE program jointly produced by:

UT Health
San Antonio
Continuing Dental Education

CONTINUING
DENTAL EDUCATION
UNIVERSITY OF MINNESOTA

For information visit
http://smile.uthscsa.edu
To register call UT Health San Antonio, CDE Office
210-567-3177

Please coordinate travel arrangements on your own.
Accommodations should be made directly with:
Westin Snowmass Resort • 100 Elbert Ln • Snowmass Village, CO 81615
Phone: (970) 923-8200 • www.westinsnowmass.com
*Reference UT Health San Antonio for room block rate
REGISTRATION INFORMATION

Please use one form per person-photocopy as needed.

Pre-registration is necessary. Please call UT Health San Antonio, Continuing Dental Education at (210) 567-3177 or mail the registration form with check made payable to “UTHSCSA” to:

UTHSCSA, Continuing Dental Education MSC 7930
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900.

PHONE: (210) 567-3177 • FAX: (210) 567-6807
Payment may also be made by credit card - Mastercard, Visa or Discover only.

TUES
Pre Check-in: Wednesday 8:30 PM-9:00 PM
Sign-in & Breakfast: Thursday, 7:00 AM
Program: Thursday-Friday, 7:30-9:30 AM; 4:30-6:30 PM
Saturday, 7:30-11:30 AM
Breakfast will be provided at the morning session. Snacks and refreshments will be available for the course participants at the afternoon sessions.

LOCATION
WESTIN SNOWMASS RESORT - Snowmass Village, Colorado

TUITION
Individual: $605.00
Early Bird Registration: $545.00
A $50 additional fee per person will be assessed to course attendees not staying at the Westin Snowmass Resort: $605.00 + $50.00 = $655.00

REGISTER EARLY AND SAVE MONEY
Reserve your room with Westin Snowmass Resort and send us a $100.00 nonrefundable deposit before December 4, 2018 and you will qualify for a discount of $60.00 off the tuition price. (Your registration fee will be $545.00). Balance of the course fee ($454.00) will be due by January 8, 2019.

EARLY BIRD SAVINGS: $545.00 - $60.00 = $485.00
If you do not wish to stay at the Westin Snowmass Resort you can save $60.00 off the tuition fee of $655.00 by registering for the course before December 14, 2018.

EARLY BIRD SAVINGS: $655.00 - $60.00 = $595.00

CREDIT (Course Code: XXXXXX)
AGD Code: Hours: 12

RESORT RESERVATIONS
Please coordinate travel arrangements on your own.
Accommodations should be made directly with:
Westin Snowmass Resort 100 Elbert Ln • Snowmass Village, CO 81618
Phone: (970) 923-8200 • www.westinsnowmass.com

REFERENCE UT Health San Antonio, Ski & Learn program for room block rate.

Note: Room reservation cut-off date is December 18, 2018. Reservations after that date will be accepted on a space and rate availability basis. This course occurs during peak tourist season. Make your reservations early.

An additional fee of $50.00 per dentist or dental team member will be assessed to course attendees not staying at the Westin Snowmass Resort.

ADA CERP (Continuing Education Recognition Program)
The University of Texas Health Science Center at San Antonio is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Continuing Dental Education credits are designated in each course description.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/ceerp.

SKI & LEARN REFUND POLICY: If you must cancel your registration, please notify the Office of Continuing Dental Education as soon as you determine you are unable to attend so that a refund may be considered. Due to commitments to off-site properties, any cancellation made prior to the start of the program will be subject to an administrative fee assessment of $198.50. Any cancellation made after December 7, 2018 does not qualify for a refund. However, participants may choose to place their tuition minus an administrative and direct cost fee assessment into a holding account for future use. “No Shows” will not qualify for refunds. Written notification is required within five business days by mail, fax, or e-mail to initiate the refund process. Please allow four to six weeks for all refunds. Specific refund policies may apply to all off-site programs. Contact our office for the specific refund policy regarding any course.

The University of Texas Health Science Center at San Antonio is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Continuing Dental Education credits are designated in each course description.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/ceerp.

Ski & Learn
24th Annual
CE program jointly produced by:

FEBRUARY 7-9, 2019
WESTIN SNOWMASS RESORT
SNOWMASS VILLAGE, COLORADO

REGISTRATION FORM: Fill out & fax this registration form to 210-567-6807 or call us at 210-567-3177

Presenters, course topics, objectives and schedule will be announced soon on our website:
http://smile.uthscsa.edu

Name__________________________
DOB______/______/______
□ DDS □ DMD
Office Address______________________________________________________
City/State/Zip______________________________________________________

Home Address______________________________________________________
City/State/Zip______________________________________________________

Specialty/Position____________________________________________________
Year of Graduation__________________________________________________
Dental School________________________________________________________
Enclosed (payable to UTHSCSA): Check No.______________________________

Visa □ MasterCard □ Discover
Card No.____________________________________________________________
PromaxDate ________________/________________
(include the last three numbers on the signature part of the card)

Expiration Date ________________/________________
Name on Card__________________________

□ Yes I am staying at the Westin Snowmass Resort
□ No, I am staying at the

An additional fee of $50.00 per dentist or dental team member will be assessed to course attendees not staying at the Westin Snowmass Resort.