



# Comprehensive Canine & Feline Dental Extraction Course



Because we care.

## WHEN:

Saturday, September 17, 2016  
Registration & Breakfast: 7:00am–8:00am  
Workshop: 8:00am – 5:00pm  
Lunch: 12:00pm – 1:00pm

## WHERE:

Pima Medical Institute, Seattle Campus  
9709 Third Avenue NE, #400  
Seattle, WA 98115

## INCLUDES:

- 8:1 Student/Teacher Ratio
- Program Catered to the DVM/Technician Team
- Lecture & Hands-On Lab Using Canine & Feline Cadavers
- Hands-On Preoperative Extraction Planning on Feline Cadavers
- Postoperative Cadaver Radiograph Evaluations
- 8 CE Credits for DVMs and Technicians\*
- Breakfast and Lunch Provided
- Promotional Code for 10% OFF Entire SECUROS Order  
(Expires 30 Days After Lab)

## INSTRUCTOR:

Paul Mitchell, DVM, DAVDC  
Dr. Mitchell graduated with his DVM from Michigan State University in 1991. He worked in mixed animal and small animal private practice for five years before starting a residency in veterinary dentistry with Dr. Robert Wiggs at the Dallas Dental Service Animal Clinic. He became a Diplomate of the American Veterinary Dental College in 1999 and has served as the chair of the AVDC exam committee. He is the author of *Small Animal Dentistry*; Butterworth-Heinemann, 2002 and has spoken nationally and internationally. He has worked for Veterinary Centers of America in their specialty referral hospital in Boston and as their national veterinary dental educator for seven years, giving numerous lectures and wet labs on veterinary dentistry. He joined Pfizer Animal Health's Veterinary Specialty Team in 2006. Dr. Mitchell received the PAH Veterinary Specialty Team Lead Dog Award for 2008 as well as 2013 and the Peter Emily Service Award from the American Veterinary Dental College in 2012. He is currently serving on the Board of Directors of the American Veterinary Dental College as the President.

## DESCRIPTION:

### “For the Veterinarian...”

Veterinarians will learn the fundamentals of canine and feline dental extractions coupled with dental radiographic interpretation. Periodontal flap design and extraction techniques for teeth with single and multiple roots will be taught in a step-by-step fashion in both canine and feline cadavers.

### “For the Technician...”

Technicians will join their veterinarians to perform intraoral regional nerve blocks and discuss their role in multimodal pain management. They will practice radiographic positioning while their veterinarians practice extraction techniques.

### “Working together...”

Oral surgery instrument selection and care (sharpening and maintenance) will be discussed with both veterinarians and technicians. Time will be devoted to extraction planning on feline cadavers through the use of preoperative intraoral radiographs. Extraction success will be measured utilizing postoperative radiographs.

## REGISTRATION:

Before August 20, 2016: \$850.00  
After August 20, 2016: \$900.00

Includes DVM and Technician fee.  
No discount for a DVM only registration.

To register, please complete the online application at:  
[www.SecurosUniversity.com](http://www.SecurosUniversity.com). For questions, call Kelly Nix  
(800) 762-4800 Ext. 4807 or email [university@securos.com](mailto:university@securos.com).



## Registration Form

### Attendee Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_ \*

\*Registration confirmation and receipts will be sent to this email address.

Best Method of Contact for Event Details (Select One):      Mail    Clinic Phone    Other Phone    E-Mail    Fax

### Training Event Selection

Name of Event: \_\_\_\_\_ Comprehensive Canine & Feline Dental Extraction Course

Date of Event: \_\_\_\_\_ September 17, 2016 \_\_\_\_\_ Location of Event: \_\_\_\_\_ Seattle, WA \_\_\_\_\_

How did you learn about this Event? \_\_\_\_\_

Would you like to receive email notifications when new Wet Labs are scheduled?      YES    NO

**For this event, you will be partnered with another veterinarian. Please answer the questions below so that we can do our best to accommodate your preferences.**

How do you rate your experience with the topic(s) of this event?      NONE      SOME      EXPERIENCED

At which experience level would you prefer your partner?      NONE      SOME      EXPERIENCED

Would you like to have contact with your partner before the event?      YES    NO

Is there an attendee that has or will register for this event with which you'd like to be partnered?      YES    NO

If yes, what is his/her name? \_\_\_\_\_

**Submit pages 1 and 2 of the Registration Form by Fax or Email.**  
**Online submission form available at [www.securossuniversity.com](http://www.securossuniversity.com).**

**Fax: (855) 786-1530      Email: [university@securos.com](mailto:university@securos.com)**

## Payment Options (Select One)

**Payment by Check**

NOTE: All checks must have the registrant's name somewhere on the check. All checks must be received within 7 business days of submitting registration form or your seat may be given to the next registrant. If registration closes within 7 business days of submitting registration, the check must be received before registration closes.

Submit registration form by **fax or email** then mail check to:

ATTN: Jodi Crain  
3041 W Pasadena Drive  
Boise, ID 83705

Make Check Out To:  
MWI

**Payment by Credit Card**

Unfortunately, due to PCI compliance, we can only accept credit card payments over the phone. Please call Tawni at (800)896-8873 ext. 2943 to make a payment over the phone with a credit card. If you prefer, you may request Tawni to call you at a time (MDT) that is convenient for you.

NOTE: All credit card payments must be received within 3 business days of submitting registration or your seat may be given to the next registrant.

- I will call Tawni and pay my registration fee within 3 business days of submitting this form.
- I want Tawni to call me for payment at one of the three times (MDT) and dates I indicate below.
- Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_
  - Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_
  - Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_

**Must be during regular business hours (MDT).**

**Bill to My MWI/SECUROS Account**

MWI/SECUROS Account# : \_\_\_\_\_

**Do you agree to the payment instructions that you selected above (circle one)?**      YES      NO

**Submit pages 1 and 2 of the Registration Form by Fax or Email.  
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