



MEDICAL DENTAL INTEGRATION CONFERENCE

Tools, Resources and Best Practices

*December 12, 15 & 16 on Zoom * 9AM-11AM*

PRESENTER FORM

PRESENTER #1
NAME

INSTITUTION/ORGANIZATION

JOB TITLE

CREDENTIALS

WORK ADDRESS

WORK CITY

STATE

WORK ZIP

WORK EMAIL

MOBILE #

PRESENTER #2
NAME

INSTITUTION/ORGANIZATION

JOB TITLE

CREDENTIALS

WORK ADDRESS

WORK CITY

STATE

WORK ZIP

WORK EMAIL

MOBILE #

PRESENTER #3
NAME

INSTITUTION/ORGANIZATION

JOB TITLE

CREDENTIALS

WORK ADDRESS

WORK CITY

STATE

WORK ZIP

WORK EMAIL

MOBILE #

If there are more than three presenters, please email us the additional presenter's information:

PRESENTATION TITLE (OR WORKING TITLE)

LEARNING OBJECTIVES (PLEASE PROVIDE 2-4)

SUMMARY OF PRESENTATION

PLEASE SELECT ALL THE TIMES/DATES ARE YOU AVAILABLE:

DECEMBER 12

How much time would you like presenting? We will do our best to accommodate.

DECEMBER 15

30 minutes

DECEMBER 16

40 minutes

NOTES OR COMMENTS

Send completed form to the MOHC