Binder: Section 1 top page

**REGISTRATION FORM – The Mid-Atlantic P.A.N.D.A.**

***(Return by no later than October 1, 2013)***

I would like to volunteer to be a Prevent Abuse and Neglect through Dental Awareness Trainer [The Mid-Atlantic P.A.N.D.A.] NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials:\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are you available or willing to present: County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have an organization in mind to whom you plan to give a presentation?

 Date:\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Some of the requirements to be a presenter are:**

* Commitment to provide at least one training in 2 years
* Attend the training and retraining that are required to be a trainer and be registered with the MSBDE
* Report all trainings to the Mid- Atlantic P.A.N.D.A. Board as soon as possible so we can post on website.

**Disclosures:**

* The training manual and CD are the property of Mid-Atlantic P.A.N.D.A. At the time of the retraining you are required to return the old CD and manual to receive your new CD and manual.
* Trainers are registered with the Maryland State Board of Dental Examiners.
* Volunteer trainers donate their time.
* Attendees for the live presentations are to contribute per the contract agreement to help defray our cost.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the requirements and disclosures