Fourth District Dental Society

2026 Registration Form: HIPPA & OSHA Compliance & Golf Outing

Friday September 25, 2026

195 Haviland Rd, Queensbury, NY

HIPPA w/ Dr. Mitchell Rubinstein
OSHA w/ ADK Safety Solutions

8 AM General Member Business Mtg

8:30 Annual Compliance Courses HIPPA then OSHA
Member Dentist $ 100 Aux. $ 35

Dentist: _____ # Staff: _____

These courses satisfy your yearly compliance.

HIPPA Understand the role of regulations in the clinical dental setting. Recognize the critical role of the risk assessment in safeguarding patient privacy. Identify the most common HIPAA violations in the Dental practice

OSHA course will inform attendees of the OSHA changes. It is the responsibility of employers to stay up-to-date on any OSHA changes to aid in compliance, or face possible fines and costly claims that could lead to lawsuits. Dentists, and their employees should update themselves at least annually and place appropriate documentation into their office manuals.

Attendee Name	Email
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HILAND PARK COUNTRY CLUB

4th District Annual Golf Tournament

1 PM – 6 PM

Register as a single golfer or as a foursome...happy to welcome all skill levels. $165/golfer (lunch & dinner included)

(1) _____ H'cap: ____

(2) _____ H'cap: ____

(3) _____ H'cap: ____

(4) _____ H'cap: ____

GOLD SPONSOR: $ 850.00 Includes: (1) Course registration, Foursome (lunch & dinner) CE table, Hole sponsor and Company/Practice flyer included in Golfer gift bag

Register Online or Send Registration and Payment to:

Fourth District Dental Society

P O Box 302

Saratoga Springs, NY 12866

Phone:(518) 371-1114 Fax: (518) 851-1601

MC/Visa/AmEx accepted:

_____

Exp. _____ Sec Code _____ Zip _____ **TOTAL $ _____**

Any practice can show support and get exposure by being a sponsor...CE/Golf hole sponsor: $450 (hole sign, flyer w logo in gift bag and TU mention by CE Chairs at dinner)
Sponsor a golfer (got a favorite patient that golfs?) $165

Primary Contact Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Adirondack Safety Solutions LLC
OSHA COMPLIANCE FOR DENTISTS

ADA C·E·R·P® Continuing Education Recognition Program

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