OSHA and HIPAA 2014

Just when you think it couldn't get any more fun, it does!

Believe it or not, for the moment, there are no more new regulation! We'll review all the OSHA rules and do an overview of HIPAA requirements, including the new requirements from last year, plus make sure everyone's up to speed on the new Hazard Communication Standard requirements.

Trainer: Laney Kay, JD, has been teaching OSHA related topics since 1989, when she began working at her husband's dental practice. She has written many articles on this topic and has taught various forms of this course at all the big dental meetings, plus district meetings, study clubs and in individual offices all over the U.S.

Date/day	City	Location (call hotel for directions)	Hotel Phone	Starting time
FRI 3/21/2014	Dalton, GA	Holiday Inn	706-529-6000	8:30
FRI 5/9/2014	Athens, GA	Holiday Inn	706-549-4433	8:30
FRI 5/16/2014	Columbus, GA	Columbus Tech. College, Patrick Hall, Rm P-200	706-649-1800	8:30
FRI 9/26/2014	Albany, GA	Hilton Garden Inn	229-888-1590	8:30
THURS 10/2/2014	Douglas, GA	Douglas Golf & CC	912-384-4707	**5:00 pm**
FRI 10/3/2014	Tifton, GA	Hilton Garden Inn	229-382-8484	8:30
Fri 10/17/2014	Statesboro, GA	Holiday Inn	912-489-4545	8:30
FRI 10/24/2013	Augusta, GA	Doubletree	706-855-8100	8:30
FRI 10/31/2014	Valdosta, GA	Holiday Inn	229-244-1111	8:30
FRI 11/7/2014	Savannah, GA	Quality In Midtown	912-352-7100	8:30
FRI 11/14/2014	Roswell, GA	Holiday Inn Roswell	770-817-1414	8:30
FRI 11/21/2014	Macon, GA	Days Inn-Macon Conference Ctr.	478-254-5080	8:30

Time: FOR ALL FRIDAY COURSES - sign in at 8:00 am, start at 8:30, done by 11:00
(3 hours of AGD and Board approved on-site clinical CE credit, satisfies annual OSHA training requirement)

OSHA only: **$60 each** if pre-registered; **$65 each** at the door

*Please make checks payable to **Entertaining Training, LLC** and send to Laney Kay, PO Box 71385, Marietta, GA 30007-1385 (for questions, call (770) 312-6257 or e-mail at laney@laneykay.com)*

----------*please detach and send bottom portion with payment*----------

Doctor Name: _____ DMD/DDS Ofc. Phone: ( ) _____

Address: _____
street address city/state/zip

E-mail address (please print) : _____

Meeting Location you want to attend: _____

Ppl attending: _____ x $60 = _____

If you want to pay with Paypal, go to www.laneykay.com to register.