Binder: Section 1 top page

**REGISTRATION FORM – The Mid-Atlantic P.A.N.D.A.  
*(Return by no later than October 1, 2017)***

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?

Do you currently have an organization in mind to which 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.
* To avoid conflict of interest issues, trainer candidates are asked to disclose commercial affiliations that may disqualify their participation.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date\_\_\_\_\_\_\_\_\_\_\_  
  
I understand the requirements and disclosures (please check box)