

**Contact Info:**

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Speaker Name:

Company:

City, State

Phone:

E-mail:

Website:

Speaker Demo Video(s) (YouTube or Vimeo URL):

**EMAIL YOUR SPEAKER PACKET (PDF) to [info@DentalSpeakersBureau.com](mailto:info@DentalSpeakersBureau.com)**

**If you do not have a speaker packet**, complete the following:

**Bio Info:**

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**Course Synopsis Info:** *Please List Course Title(s) and Brief Description(s)*

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**Past Presentations:** *Meeting Name or Organization Name only*

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***Proceed to Page 2....***

**Presentation Topics – Please choose up to 5 topics below:**

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| <input type="checkbox"/> Accounting                         | <input type="checkbox"/> Fraud/ Embezzlement                  | <input type="checkbox"/> Oral Surgery                      |
| <input type="checkbox"/> Addiction                          | <input type="checkbox"/> Frontline Skills                     | <input type="checkbox"/> Oral Systemic Connection          |
| <input type="checkbox"/> Business / Financial               | <input type="checkbox"/> General Dentistry                    | <input type="checkbox"/> Orthodontics                      |
| <input type="checkbox"/> CAMBRA                             | <input type="checkbox"/> Grief Management                     | <input type="checkbox"/> OSHA                              |
| <input type="checkbox"/> Case Acceptance                    | <input type="checkbox"/> Group Practice                       | <input type="checkbox"/> Pain Care<br>(Emotional/Physical) |
| <input type="checkbox"/> Case Presentation                  | <input type="checkbox"/> Hands-on Workshops                   | <input type="checkbox"/> Periodontics                      |
| <input type="checkbox"/> Clinical                           | <input type="checkbox"/> Health and Wellness                  | <input type="checkbox"/> Pharmacology                      |
| <input type="checkbox"/> Communication                      | <input type="checkbox"/> HIPAA                                | <input type="checkbox"/> Practice Management               |
| <input type="checkbox"/> Comprehensive Dentistry            | <input type="checkbox"/> Human Relations                      | <input type="checkbox"/> Practice Transition               |
| <input type="checkbox"/> Confidence                         | <input type="checkbox"/> Implant Dentistry                    | <input type="checkbox"/> Project Management                |
| <input type="checkbox"/> Conflict Resolution                | <input type="checkbox"/> Implementation                       | <input type="checkbox"/> Prosthodontics                    |
| <input type="checkbox"/> Conscious Sedation                 | <input type="checkbox"/> Infection Control                    | <input type="checkbox"/> Radiology                         |
| <input type="checkbox"/> Crisis Management                  | <input type="checkbox"/> Inspiration / Motivation             | <input type="checkbox"/> Recare Solutions                  |
| <input type="checkbox"/> Culture                            | <input type="checkbox"/> Insurance                            | <input type="checkbox"/> Restorative Dentistry             |
| <input type="checkbox"/> Customer Service                   | <input type="checkbox"/> Integrative Dental<br>Medicine       | <input type="checkbox"/> Retirement Planning               |
| <input type="checkbox"/> Dental Assistants                  | <input type="checkbox"/> Laser Dentistry                      | <input type="checkbox"/> Risk Management                   |
| <input type="checkbox"/> Dental Consulting                  | <input type="checkbox"/> Leadership                           | <input type="checkbox"/> Sleep Medicine                    |
| <input type="checkbox"/> Dental Hygiene                     | <input type="checkbox"/> Local Anesthesia:<br>Pharm/Technique | <input type="checkbox"/> Social Media                      |
| <input type="checkbox"/> Dental Law                         | <input type="checkbox"/> Loss Prevention                      | <input type="checkbox"/> Speaking Skills                   |
| <input type="checkbox"/> Dental Speaking                    | <input type="checkbox"/> Marketing                            | <input type="checkbox"/> Stress Management                 |
| <input type="checkbox"/> Developmental Delays               | <input type="checkbox"/> Medical Emergencies                  | <input type="checkbox"/> Tax Law                           |
| <input type="checkbox"/> Digital Dentistry                  | <input type="checkbox"/> Medical-Dental<br>Collaboration      | <input type="checkbox"/> Team Building                     |
| <input type="checkbox"/> Digital Records /<br>Recordkeeping | <input type="checkbox"/> Meth Mouth                           | <input type="checkbox"/> Technology                        |
| <input type="checkbox"/> Efficiency                         | <input type="checkbox"/> Neuro Linguistic<br>Programming      | <input type="checkbox"/> Teledentistry                     |
| <input type="checkbox"/> Embezzlement                       | <input type="checkbox"/> New Dentists                         | <input type="checkbox"/> Training Skills                   |
| <input type="checkbox"/> Emotional Intelligence             | <input type="checkbox"/> New Technologies and<br>Systems      | <input type="checkbox"/> Treatment Planning                |
| <input type="checkbox"/> Endodontics                        | <input type="checkbox"/> Occlusion/ TMD/ Orofacial<br>Pain    | <input type="checkbox"/> Treatment Presentation            |
| <input type="checkbox"/> Ergonomics                         | <input type="checkbox"/> Oral Cancer                          | <input type="checkbox"/> Trends                            |
| <input type="checkbox"/> Esthetic Dentistry                 |   | <input type="checkbox"/> Ultrasonics                       |
| <input type="checkbox"/> Evidence-Based Dentistry           |   | <input type="checkbox"/> Virtual Presentations             |
| <input type="checkbox"/> Fear / Apprehensive<br>Patients    |   | <input type="checkbox"/> Vitals / Monitoring               |
| <input type="checkbox"/> Fish! Philosophy                   |   |  |

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**\*\* Please e-mail your *high quality headshot (.jpg) and speaking action photos* with your completed registration to:  
[INFO@DENTALSPEAKERSBUREAU.COM](mailto:INFO@DENTALSPEAKERSBUREAU.COM)**

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