

SAN DIEGO DENTAL CONVENTION



November 20-21, 2026

Handlery Hotel ~ San Diego 950 Hotel Cir N, San Diego, CA 92108



Coffee & Lunch Included with Day Pass



2 PM Dessert Social



Prizes



UPDATED CLASSES



Dentist: | Exhibit Hall = Free | 1-Class Pass = \$ 129.00 | 1-Day Pass = \$ 249.00 | 2-Day Pass = \$ 479.00 | Diode Laser = \$595.00
Staff: | Exhibit Hall = Free | 1-Class Pass = \$ 89.00 | 1-Day Pass = \$ 169.00 | 2-Day Pass = \$ 299.00 | Diode Laser = \$495.00
Dentist: | Class #102, #202, #402, or #502 = +\$75 | CPR = +\$ 25.00 | Class #106 Botox or #406 Fillers = \$1799 + 1 Staff *Materials Included
Staff: | Class #102, #202, #402, or #502 = +\$75 | CPR = +\$25.00 | Class #106 Botox or #406 Fillers = \$499

Class # Lecture Topic Friday, November 20, 2026

101-California Infection Control & OSHA for the Dental Office	8:15AM-11:15AM	CE 3.0
102-Dental Insurance Billing & Coding Certification +\$75 Hands-on fee	8:15AM-12:00AM	CE 4.0
103-Myofunctional Therapy and the Dental Practice - Workshop	8:00AM-11:30AM	CE 3.5
104-Dispelling the "CSI" Effect Myth: Contemporary Forensic Dentistry	8:00AM-11:30AM	CE 3.5
105-Are you still taking impressions? How about Scanning?	8:00AM-11:30AM	CE 3.5
106-Understanding the Unique Needs of Your Patients Through an IEP Lens -FREE-	8:00AM-11:30AM	CE 3.5

201-California Dental Practice Act	12:30PM-2:30PM	CE 2.0
202-Medical Insurance Billing for Dentistry Certification +\$75 Hands-on fee	1:00PM - 5:00PM	CE 4.0
203-Dental lasers for your dental practice	1:00PM - 5:00PM	CE 4.0
204-Responsibilities of Prescribing Schedule II Opioid Drugs	12:30PM-2:30PM	CE 2.0
205-Dental Sleep Medicine and ENT: A Multi-Disciplinary Approach	12:30PM-2:30PM	CE 2.0
206-Tax and Wealth for Dentist -FREE-	12:30PM-2:30PM	CE 2.0

301-CPR *\$25 Hands-on fee	3:00PM-6:00PM	CE 3.0
302-Pain, pain go away! Low Back and Neck Pain:	3:00PM-5:00PM	CE 2.0
303-My Clear Image, Social Media Secretes to the Algorithm	3:00PM-5:00PM	CE 2.0
304-Key Strategies for Practice Transition Success -FREE-	3:00PM-5:00PM	CE 2.0

Class # Lecture Topic Saturday, November 21, 2026

400-Diode Laser Certification *Hands-on fee	8:15AM-5:00PM	CE 8.0
401-California Infection Control & OSHA for the Dental Office	8:15AM-11:15AM	CE 3.0
402-Dental Insurance Billing & Coding Certification +\$75 Hands-on fee	8:15AM-12:00PM	CE 4.0
403-Myofunctional Therapy and the Dental Practice - Workshop -FREE-	8:00AM-11:45AM	CE 3.5
404-Front Office Boot Camp, "Treatment Planning and Case Presentation"	8:15AM-11:30AM	CE 3.5

405-Neuromodulators (Botox, Dysport, Xeomin) Certification and Dermal Filler: Instant Nerve Blocks Training ~ Live Patient Training~ \$1,799 = Dr + 1 Staff *Materials Included	8:30AM-5:00PM	CE 8.0
406-Implant Complications and Solutions	8:15AM-11:30AM	CE 3.5

501-California Dental Practice Act	12:30PM-2:30PM	CE 2.0
502-Medical Insurance Billing for Dentistry Certification +\$75 Hands-on fee	1:00PM-5:00PM	CE 4.0
503-Radiography Refresher - improving quality of your dental x-rays.	12:30PM-2:30PM	CE 2.0
504-Sexual Harassment Prevention in the Dental Workplace	12:30PM-2:30PM	CE 2.0
505-Tax and Wealth for Dentist -FREE-	12:30PM-2:30PM	CE 2.0

601-CPR *\$25 Hands-on fee	3:00PM-6:00PM	CE 3.0
602-Numbers Don't Lie! Understanding the Numbers for Practice Sellers & Buyers	3:00PM-5:00PM	CE 2.0
603-My Clear Image, Social Media Secretes to the Algorithm -FREE-	3:00PM-5:00PM	CE 2.0
604-Low Back and Neck Pain: The True Cause and Carpal Tunnel Syndrome	3:00PM-5:00PM	CE 2.0

Check website www.ceadental.com for updates to class schedule

FREE - Pass Includes Classes # 106, 203, 304, 403, 505, 603 - Must pay for parking in advance, \$8 per person

WWW.CEADENTAL.COM



Phone: (619) 277-4743



Email: info@ceadental.com



Mail: 620 Redondo Rd. Prescott, AZ 86303

WWW.CEADENTAL.COM

Email _____

Phone _____

CREDIT CARD

_____ - _____ - _____ - _____

EXPIRATION DATE _____ - _____ 3-4 CODE _____

VISA ___ M/C ___ DISC ___ AMEX ___ CHECK ___

SIGNATURE _____

Total Due\$ _____

*Classes subject to change without notice. Ver.3.0

Dr. ___ Staff ___ First Name _____ Last _____

Pass Type _____ Course # 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Dr. ___ Staff ___ First Name _____ Last _____

Pass Type _____ Course # 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Dr. ___ Staff ___ First Name _____ Last _____

Pass Type _____ Course # 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

*Classes subject to change without notice. Ver.3.0