



OAPD.org

OREGON ACADEMY OF Pediatric Dentistry

Continuing Education Meeting, Spring 2019

Sedation in the Child Patient

Speaker: Jeffrey Koh, MD, FAAP

Date: Saturday, March 16, 2018

Location: The Allison Inn and Spa, 2525 Allison Lane, Newberg, OR, 97132

Schedule:

7:30 am – 08:30 am: Continental breakfast
7:30 am - 12:00 pm: Lecture
12:00 pm – 1:00 pm: Lunch
1:00 pm – 05:00 pm: Lecture

CE Credits: 7 CEU

Fee: Members (OAPD/CSPD/WSPD)- \$400; Retired OAPD members- \$300; Non-Member Dentist- \$700; Dental Staff - \$150

Accommodation: Special group rate for Saturday, March 16, 2018: \$335 plus tax per room per night (published rates \$435 - \$465).

Guestroom Types Deluxe Single King / Double Queen Rooms

Availability is limited, please contact The Allison Inn and Spa (Tel: 503-554-2525) on or before Feb 15, 2019 to avail of this rate.

Contact information: Jessica Irwin, DMD, Secretary, OAPD (info@oapd.org)



About the speaker

Dr. Jeffrey Koh obtained his medical training at Wayne State University, followed by a pediatric residency at Emory University, and an anesthesiology residency at Brigham and Women's Hospital. Dr. Koh completed his training with fellowships in pediatric anesthesia at the Children's Hospital of Philadelphia and in pediatric pain management at UCLA. In 2000, Dr. Koh completed his MBA from UC Irvine. After 8 years at Arkansas Children's Hospital, Dr. Koh moved to Oregon to become Director of the newly formed Pediatric Pain Management Center at Doernbecher Children's Hospital. In August of 2002, Dr. Koh was named Chief of the Division of Pediatric Anesthesia at OHSU and in 2007 he was promoted to Professor of Anesthesiology and Pediatrics. In 2013 Dr. Koh was named the inaugural Fred Fax Endowed Professor of Pediatric Anesthesiology. Dr. Koh's current interests include the perioperative experience of cognitively impaired children, pain in special populations, ultramarathon running, triathlon, and his family.

Registration Form

(Please reserve early due to limited space.)

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Special Diet Requests _____

Registration Fees:	<input type="checkbox"/>	OAPD/WSPD/CSPD Dentist	\$400
	<input type="checkbox"/>	Retired OAPD Dentist	\$300
	<input type="checkbox"/>	Non-Member Dentist	\$700
	<input type="checkbox"/>	Dental Staff Member	\$150

Late Registration fee of additional \$100 after March 1, 2019

Enclosed is a check payable to the OAPD for the **grand total** due from this form: \$ _____

Please print and return form to:

OAPD—c/o Dr. Josef Lubisich, 300 SE 120th Ave. Suite 100, Vancouver, WA 98683