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ONLINE RESERVATION FORM**

Seating for all seminars is limited, so reserve your place today by filling out this reservation form. **To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify Denti-Cal toll-free at (800) 423-0507 in the event you need to cancel your reservation.**

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Select which seminar you wish to attend.

Seminar (Click on the drop-down box to make a selection)

Please enter reservation info below.

Name

NPI or Provider Number

Office Address

City

State

Zip

Phone

E-mail (*Required for e-mail confirmation*)

Number of Staff Attending

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**How to submit your reservation form:**

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Click on the "Submit by E-mail" button below. You will be given the option to send the e-mail via your e-mail client or web-based e-mail service. **Note:** *You will be prompted with dialog boxes that will contain instructions on how to complete your e-mail submission. After processing your submission a confirmation e-mail message will be sent to you within two business days. Please retain your confirmation.*

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If you wish to submit your reservation form by mail, send it to the following address:

California Medi-Cal Dental Program  
Provider Relations - Seminars  
PO Box 15609  
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