



**Academy**  
of General Dentistry

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**PACE**

**Program Approval for  
Continuing Education**

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NO. NV ACADEMY OF GENERAL DENTISTRY  
PRESENTS

“Risk Assessment based Practice/The Secrets to  
a New Practice Model, Don’t Just Survive: Thrive”

**Friday, April 17, 2009**

Registration & Cont. Breakfast: 7:30 a.m.

Seminar: *(lunch included)* 8:00 a.m. – 4:00 p.m.

**7 CEU's**

**Peppermill Hotel Casino Spa**

Capri 1 & 2 Conference Rooms  
2707 S. Virginia Street, Reno, NV 89502

**Guest Speaker: V. Kim Kutsch, DMD**



**COURSE DESCRIPTION**

In this full day course Dr. Kutsch will discuss risk assessment based practice and the secrets to a new practice model. He is the past President of the Academy of Laser Dentistry and the WCMID. He brings expertise on minimally invasive dentistry, caries risk assessment, digital radiography, and other technologies.

**DON'T MISS THIS AGD SEMINAR!**

**SPEAKER'S BRIEF BIO:**

Dr. V. Kim Kutsch received his undergraduate degree from Westminster College in Utah and then completed his DMD at University of Oregon School of Dentistry in 1979. He is an inventor holding numerous patents in dentistry, product consultant, internationally recognized speaker, is past president of the Academy of Laser Dentistry, and the WCMID. He also has served on the board of directors for the WCLI and the AACD. As an author, Dr. Kutsch has published dozens of articles and abstracts on minimally invasive dentistry, caries risk assessment, digital radiography and other technologies in both dental and medical journals and contributed to several textbooks. He also acts as a reviewer for several journals. Dr. Kutsch currently serves as CEO of two dental companies and maintains a private practice in Albany Oregon.

**Your Investment/Registration Cost:**

<b>AGD Members</b>	<b>\$ 200</b>
<b>Non-AGD Member</b>	<b>\$ 250</b>
<b>1<sup>st</sup> Staff Member</b>	<b>\$ 100</b>
<b>Each add'l staff</b>	<b>\$ 50</b>

Doctor's Office: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*A Cancellation fee of \$50 will be assessed if you cancel less than 7 days prior to this course*

Attendees:	Registration Amount
_____	_____
_____	_____
_____	_____
_____ Total:	\$_____

Checks Payable to: **Academy of General Dentistry (AGD) \***

Mail to: **AGD**  
**c/o Northern Nevada Dental Society**  
**161 Country Estates Circle, #1B**  
**Reno, NV 89511**

**Visa/MasterCard/Discover also accepted:**

# \_\_\_\_\_ exp. date: \_\_\_\_\_ zipcode: \_\_\_\_\_

**PLEASE REGISTER BEFORE 4/10/09**

\*Any questions contact the NNDS office or Dr. Jason Champagne, AGD President at (775) 359-3934 x105; fax (775) 359-4034 or email [jchampagne@champagnedental.com](mailto:jchampagne@champagnedental.com)