

PATUXENT



CALVERT, CHARLES & ST. MARY'S
C O U N T I E S

proudly presents:

A CPA's Guide to Dental Practice Management

- Allen M. Schiff, CPA, CFE

Schiff
& Associates^{LLC}
Certified Public Accountants
And Management Consultants

Introduction:

Participants will be informed about the necessary steps to recession-proof their practice during these tough economic times. Participants will be exposed to topics ranging from retirement planning in 2009, to wealth management and the latest income tax tips, as well as the future of dentistry from a Dental CPA's perspective.

Learning Points:

- How poor recordkeeping could cost you tens of thousands of wasted dollars
- What retirement plan makes sense for you?
- Embezzlements in a Dental Practice
- What is the difference between debt service and depreciation ?
- Identify the 10 Key Performance Indicators
- Transitioning your Practice
- The business side of dentistry

The fee for non-members and guests is \$40.00 for dinner and program. Members and non-members who RSVP and do not attend will be assessed the meal cost.

Tuesday
November 10, 2009

Meeting Location & Schedule:

Waldorf Jaycees
Community Center
Route 301 North

Cocktails - 6:00 pm

Dinner - 7:00 pm

General Meeting
& Presentation
- 7:30 pm

Earn
2 CE
Units
!

PACE
Program Approval for
Continuing Education

RSVP no later than

November 5th

No late registrations accepted.



Print this form and mail it to us if you choose to attend: no later than **November 5, 2009**

"A CPA's Guide to Dental Practice Management"
- Allen M. Schiff, CPA, CFE

Date/Time:

November 11, 2008

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|--------------------------------|-----------|
| Cocktails | 6:00 p.m. |
| Dinner | 7:00 p.m. |
| General Meeting & Presentation | 7:30 p.m. |

Place:

Waldorf Jaycees Community Center

Registration Fee:

The fee for non-members and guests is \$40.00 for dinner and program. Members and non-members who RSVP and do not attend will be assessed the meal cost.

Attendee Information: *(please print)*

Dentist: _____ Member: Yes or No

Staff: _____

Staff: _____

Staff: _____

Staff: _____

Address: _____

Telephone: _____

Amount Enclosed: \$ _____

Return Registration with payment to:

Patuxent Dental Society
c/o Dr. Eric Wilhelm
807 Charles Street
La Plata, MD 20646

Payment must accompany registration