

# West Los Angeles College • Dental Hygiene Program

## RDH in Alternative Practice – Business Plan Workshop 2018

### CONTINUING EDUCATION

RDHAP Business Plan

Registration and Continental

Breakfast 8:30am to 9:00am

Workshop 9:00am to 12:00pm  
3 CEUs

Speaker:

Ara Aguiar, RDH, MBA

Development of a RDHAP Business Plan, including template:

- Structure of the RDHAP Business
- Mission Statement
- Target Market
- Market Analysis Summary
- Start-up Summary
- Practice Systems for Operations

And other topics related to RDHAP business ownership.

### West Los Angeles College Dental Hygiene Department

9000 Overland Avenue  
Culver City, California 90230  
(310) 287-4266 or  
(310) 287-4464

RDHAP Program Coordinators:

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For RDH in Alternative Practice Information, please visit  
<http://www.wlaac.edu/Allied-Health/Dental-Hygiene/RDHAP.aspx>

For Continuing Education Information, please visit  
<http://www.wlaac.edu/Allied-Health/Continuing-Education.aspx>

## REGISTRATION FORM

**Continuing Education  
Saturday, July 31, 2018**

**West Los Angeles College Campus  
MSA Building, Classroom 103**

### REGISTRATION FORM:

I am a: <i>(Circle one)</i>	License Number: _____
<input type="checkbox"/> RDH <input type="checkbox"/> RDHEF <input type="checkbox"/> RDHAP <input type="checkbox"/> DDS/DMD WLAC DH Alumnus      Current Faculty	If alumni or student, Year of Graduation: _____
First Name & Middle Initial: _____	
Last Name: _____	
If WLAC DH Alumni, name used during school: _____	
Mailing Address: _____ <small>Number, Street, Unit</small>	
City _____ State _____ Zip _____	
Email Address: _____	
Phone: _____	Fax: _____

### EVENT RATE:

**LIMITED CAPACITY**

<b>Saturday July 31, 2018</b>	<b>Dental Professionals</b> <small>(RDH, RDHAF, RDHAP, DDS)</small>	<b>Current WLAC Faculty or 2018 RDHAP Participant</b>
9:00-12:00	\$522	\$0

[\\$2.00 Parking in S. Parking Structure on Albert Vera Drive \(cash only\)](#)

### PAYMENT METHODS:

<input type="checkbox"/> <b>Payment by Check:</b> Make Payable to <b>WLAC RDHAP 10013</b>	
Check # _____	Amount Enclosed \$ _____
Memo / <u>NAME OF PARTICIPANT</u> _____	
<input type="checkbox"/> <b>Payment by Credit Card:</b> Payment Amount \$ _____	
<input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card # _____	
Expiration Date: _____	3 or 4 Digit Security Code: _____
Name on Card: _____	
Signature: _____	

### **Mail Payment and Registration form to:**

West Los Angeles College  
Business Office, Attn: RDHAP Business Plan Workshop 2018  
9000 Overland Ave., Culver City, CA 90230

**NO REFUNDS after July 31, 2018**

FAX: (310) 287-4461