



## Who is SAID?

**We speak up** when Dental professionals need training/ continuing education in the care of those with disabilities and provide such training/ education at little or no cost.

**We speak up** for you to make sure that the quality of dental care for the patient with disabilities in all settings meets the individual needs of each patient.

**We speak up** when institutional dental care is unfairly attacked or criticized as well as when funding cuts would diminish such care.

**We speak up** when results of legal precedents both nationally and at the state level will affect patients with disabilities.

**We speak out** on national issues that affect funding and quality of dental care for people with mental & developmental disabilities.

**We speak out** to dental educators regarding the need for education in care of those with disabilities along with suggestions for the form that such education may take.

**We speak up for the dental needs of people with disabilities and those who care for them.**

**Please contact us to join or for more information.**

**Please mail the form below with a check made payable to SAID or charge card info.**

**SAID \* c/o Dr. Frances Mc Clure \* 400 Old Smithfield Road \* Goldsboro, NC 27530**

My dues are enclosed:  **Dentist/ Physician** \$50  **Dental Auxiliary** \$25  **Other** \$25

An extra donation is enclosed: \$500\_\_ \$100\_\_ \$25\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

Facility/Organization Affiliation \_\_\_\_\_

E-mail \_\_\_\_\_

Mail Checks or Charge MC  Visa  Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Signature \_\_\_\_\_