



**Delaware State
DENTAL SOCIETY**
The first state's source for your oral health

Continuing Education Registration Form

*Doctors & Staff must register on separate forms.
Please duplicate this form for additional enrollments.
If forms are mailed/faxed together, the complete
total may be sent as one check or credit card charge.*

CHECK ALL THAT APPLY ...

	DSDS/ADA MEMBER	NON ADA MEMBER	STAFF
<input type="checkbox"/> Five Program Package (may NOT be shared) (for one dentist and one complimentary staff person per course)	\$1,300.00	\$1,775.00	\$700.00
Individual Courses: (please check courses/days for which you are registering)			
<input type="checkbox"/> January 23, 2015 Leonard F. Tau, DMD 21st Century Marketing – How Practices Can Thrive in the New Economy	\$290 - before Jan. 10 \$315 - after Jan. 10	\$390 - before Jan. 10 \$415 - after Jan. 10	\$150 - before Jan. 10 \$175 - after Jan. 10
<input type="checkbox"/> February 20, 2015 Barbara J. Steinberg, DDS Medical Update for the Dental Team	\$290 - before Feb. 7 \$315 - after Feb. 7	\$390 - before Feb. 7 \$415 - after Feb. 7	\$150 - before Feb. 7 \$175 - after Feb. 7
<input type="checkbox"/> March 27, 2015 George E Bambara, DMD All You Wanted to Know About Attachment Dentistry But Were Afraid to Ask!	\$290 - before Mar. 14 \$315 - after Mar. 14	\$390 - before Mar. 14 \$415 - after Mar. 14	\$150 - before Mar. 14 \$175 - after Mar. 14
<input type="checkbox"/> September 18, 2015 Wael Garine, DDS Beyond Integration: Blue Print for Restorative Success	\$290 - before Sep. 5 \$315 - after Sep. 5	\$390 - before Sep. 5 \$415 - after Sep. 5	\$150 - before Sep. 5 \$175 - after Sep. 5
<input type="checkbox"/> October 16, 2015 Rella P. Christensen, RDH, Ph.D New Data on Critical Dental Questions, including Infection Control	\$290 - before Oct. 3 \$315 - after Oct. 3	\$390 - before Oct. 3 \$415 - after Oct. 3	\$150 - before Oct. 3 \$175 - after Oct. 3
May 15, 2015 Mark Your Calendar 152nd Annual Session featuring Gary Zelesky (registration information will be available in Mar.)			
GRAND TOTAL:			

Refund Policy: All requests for refunds or cancellations must be received in writing no less than two weeks prior to the course. No refunds will be given after that time. Each cancellation and/or refund will incur a \$35 administrative fee: Registration funds are non-transferable, FAX TO: 302-368-7669.

Registration Category – Check One Only

- ☐ Dentist ☐ Dental Assistant ☐ Package Staff Person (Complimentary)
☐ Dental Hygienist ☐ Office Staff ☐ Dental Resident (Complimentary)

NAME: FIRST _____ MI _____ LAST _____

EMAIL ADDRESS (REGISTRATION CONFIRMATIONS WILL BE SENT BY EMAIL ONE WEEK PRIOR TO THE COURSE)

EMPLOYER'S NAME (STAFF REGISTRATION ONLY)

OFFICE ADDRESS

CITY _____ STATE _____ ZIP CODE _____

OFFICE TELEPHONE

CELL PHONE (for emergencies)

Payment (full payment is due with registration)

- ☐ Check for \$ _____ is enclosed payable to Delaware State Dental Society
☐ Charge \$ _____ to my _____ MasterCard _____ VISA

ACCOUNT NUMBER

EXPIRATION DATE

SECURITY CODE ON BACK OF CARD

FOR INFORMATION Call: 302-368-7634

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