



2023/2024 Continuing Education Registration Form

Register Online at <https://delawarestatedentalsociety.org/ce-series.html>

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

Course Selections – Please check ALL courses/days for which you are registering.

COURSE SELECTIONS

	DSDS/ADA Member	Non-ADA Member	Staff
<input type="checkbox"/> SEPTEMBER 29, 2023 – Blake Hadley and Adrian Lefler - At Hilton Wilmington/Christiana - From TikTok to Google: Everything Your Practice Needs to Know About Effective Digital Marketing in 2023	\$315/\$335 Before/After Sep. 19	\$415/\$435 Before/After Sep. 19	\$175/\$195 Before/After Sep. 19
<input type="checkbox"/> NOVEMBER 3, 2023 – Dr. DeWitt Wilkerson - At Hilton Wilmington/Christiana - Creating Healthier Patients & Practices: Integrative Dental Medicine	\$315/\$335 Before/After Oct. 25	\$415/\$435 Before/After Oct. 25	\$175/\$195 Before/After Oct. 25
<input type="checkbox"/> MARCH 22, 2024 – Dr. Eugene Santucci - At Hilton Wilmington/Christiana - Dental Sleep Medicine- What Every General Dentist Should Know	\$315/\$335 Before/After Mar. 12	\$415/\$435 Before/After Mar. 12	\$175/\$195 Before/After Mar. 12
GRAND TOTAL:			

REFUNDS

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.

REGISTRANT INFORMATION

Registration Category – Check One Only

Dentist Dental Assistant 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

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

Email: dedentalsociety@gmail.com • Website: www.delawarestatedentalsociety.org
Mail: DSDS, 892 Eichele Road, Perkiomenville, PA 18074