



# 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.

Visit [www.delawarestatedentalsociety.org/ce-series.html](http://www.delawarestatedentalsociety.org/ce-series.html) for upcoming CE offerings.

|  | DSDS/ADA Member                     | Non-ADA Member                      | Staff                               |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> APRIL 26, 2024 – Dr. Eugene Santucci -<br>At Hilton Wilmington/Christiana -<br>Dental Sleep Medicine - What Every General Dentist Should Know | \$315/\$335<br>Before/After Apr. 16 | \$415/\$435<br>Before/After Apr. 16 | \$175/\$195<br>Before/After Apr. 16 |
| <input type="checkbox"/> MAY 17, 2024 – ANNUAL SESSION – Dr. Ankur Gupta<br>At Chase Center on the Riverfront – Wilmington<br>Turning Ordinary Into Extraordinary      | \$315/\$335<br>Before/After May 10  | \$415/\$435<br>Before/After May 10  | \$175/\$195<br>Before/After May 10  |
| <b>GRAND TOTAL:</b>  |                                     |                                     |                                     |

## 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.

## 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 (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](mailto:dedentalsociety@gmail.com) • Website: [www.delawarestatedentalsociety.org](http://www.delawarestatedentalsociety.org)  
Mail: DSDS, 892 Eichele Road, Perkiomenville, PA 18074

COURSE SELECTIONS

REFUNDS

REGISTRANT INFORMATION

PAYMENT