



# 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"/> OCTOBER 4, 2024 – Dr. Andi-Jean Miro - At Hilton Wilmington/Christiana - Cosmetic Dentistry Conversion – How to Convert and Execute Cosmetic Cases from Start to Finish	\$315/\$335 Before/After Sep. 25	\$415/\$435 Before/After Sep. 25	\$175/\$195 Before/After Sep. 25
<input type="checkbox"/> NOVEMBER 1, 2024 – Dr. Barrett Andreasen - At Hilton Wilmington/Christiana - A Crash Course in CBCT Interpretation	\$315/\$335 Before/After Oct. 22	\$415/\$435 Before/After Oct. 22	\$175/\$195 Before/After Oct. 22
<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