



GENERAL MEMBERSHIP MEETING REGISTRATION FORM

Wednesday, March 27, 2024

6:00 PM – 8:30 PM

Hilton – Wilmington/Christiana

Register for the DSDS Business Meeting, and/or place dinner reservations, by March 25.

Please complete the information below to register. List additional attendees on second page.

There is a charge of \$60/person to attend the Buffet Dinner. Payments may be made by credit card, check or purchase order.
No refunds can be offered.

In order to make a payment with a credit card, you may use the website registration process – or – print and complete this registration form.

In order to make a payment with a check or purchase order, you must print and complete this registration form. Mail checks to the address below.
Registration forms may be returned via email or mail. If using a check, email **DSDSTOM@comcast.net** to be placed on the attendance list.

Email this form to Dr. Tom Howley at:
DSDSTOM@comcast.net

Make your check payable to *DSDS* and send to:
DSDS - 892 Eichele Road, Perkiomenville, PA 18074

NAME	TITLE		
MEMBERSHIP TYPE	EMPLOYER'S NAME (staff registrant's only)		
OFFICE ADDRESS	CITY	STATE	ZIP
OFFICE PHONE	EMERGENCY PHONE		

EMAIL (Registration confirmation will be sent via email approximately one week prior to the course.)

REGISTRATION FEE:

BUFFET DINNER... **6:00 PM - 8:00 PM...** ***\$60/person***

DSDS BUSINESS MEETING... **7:00 PM - 8:30 PM...** Free to ADA/DSDS Members

I will attend the BUFFET DINNER - \$60/person

I will attend the DSDS Business Meeting ONLY.
No charge to ADA/DSDS Members for the Business Meeting.

PAYMENT (FOR BUFFET DINNER):

CHECK ENCLOSED \$ _____ CREDIT CARD NO. _____

EXPIRATION DATE _____ SECURITY CODE _____

Other Attendees:

Name: _____

Membership: _____

_____ I will attend BUFFET DINNER - \$60/person.

_____ I will attend the DSDS Business Meeting ONLY - No charge to ADA/DSDS Members for the Business Meeting.

Name: _____

Membership: _____

_____ I will attend BUFFET DINNER - \$60/person.

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