



2027 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 for upcoming CE offerings.

	DSDS/ADA Member	Non-ADA Member	Staff
☐ JANUARY 26, 2027 – WEBINAR – Speaker: Dr. Louis G. DePaola “Infection Control is Not Optional”	\$150	\$150	\$150
☐ FEBRUARY 23, 2027 – WEBINAR – Speaker: Dr. Elliot Hersh “The Substance Use Disorder Epidemic”	\$150	\$150	\$150
☐ APRIL 2, 2027 – FULL DAY, IN-PERSON – Speaker: Dr. Hardev Singh – “The Periodontal Program”	\$335/\$385 Before/After Mar. 23	\$455/\$495 Before/After Mar. 23	\$195/\$225 Before/After Mar. 23
☐ APRIL 30, 2027 – ANNUAL SESSION (DELAWARE PARK CASINO) – Speaker: Dr. Larry Sangrik – “Medical Emergencies in the Dental Office”	\$335/\$385 Before/After Apr. 20	\$455/\$495 Before/After Apr. 20	\$195/\$225 Before/After Apr. 20
☐ OCTOBER 15, 2027 – FULL DAY, IN-PERSON – Speaker: Dr. Joshua Austin “What’s New? Materials and Tech that Expedite Excellence”	\$335/\$385 Before/After Oct. 5	\$455/\$495 Before/After Oct. 5	\$195/\$225 Before/After Oct. 5
☐ NOVEMBER 12, 2027 – FULL DAY, IN-PERSON – Speaker: Dr. Joyce Bassett “What’s New in Digital Design and Technology” (AM) and “The Complex Aesthetic Case” (PM)	\$335/\$385 Before/After Nov. 2	\$455/\$495 Before/After Nov. 2	\$195/\$225 Before/After Nov. 2
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.

Registration Category – Check One Only

☐ Dentist ☐ Dental Assistant ☐ Dental Hygienist ☐ Office Staff ☐ Dental Resident (Complimentary)

NAME: FIRST _____ MI _____ LAST _____

EMAIL ADDRESS _____

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 • Website: www.delawarestatedentalsociety.org

Mail: DSDS, 29Trailwood Drive, Fountain Inn, SC 29644