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

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 12, 2027** – **WEBINAR** – Speaker: Dr. Ashley N. Clark "Oral Cancer: A Focus on Prevention"	**$50** *Reduced Fee is Member Benefit	**$50** *Reduced Fee is Member Benefit	**$50** *Reduced Fee is Member Benefit
☐ **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			

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_____

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

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