



2018 Continuing Education Registration Form

Register Online at <https://delawarestatedentalsociety.org/ce-series.html>

Doctors & Staff must register on separate forms.
Please duplicate this form for additional enrollments.
If forms are mailed/faxed together, the complete total may be sent as one check or credit card charge.

CHECK ALL THAT APPLY ...

| | DSDS/ADA MEMBER | NON ADA MEMBER | STAFF |
|---|---|---|---|
| <input type="checkbox"/> Five Program Package (may NOT be shared) (for one dentist and one complimentary staff person per course) | \$1,400.00 | \$1,875.00 | N/A |
| Individual Courses: (please check courses/days for which you are registering) | | | |
| <input type="checkbox"/> FEBRUARY 2, 2018 Nancy Dewhirst, RDH, BS Annual OSHA Training & Infection Control Update...Are You Safe Enough | \$315 - before Jan. 19 \$335 - after Jan. 19 | \$415 - before Jan. 19 \$435 - after Jan. 19 | \$175 - before Jan. 19 \$195 - after Jan. 19 |
| <input type="checkbox"/> MARCH 23, 2018 Marc Geissberger, DDS Treatment Planning, Designing & Delivering Complex Restorative & Multidisciplinary Cases | \$315 - before Mar. 9 \$335 - after Mar. 9 | \$415 - before Mar. 9 \$435 - after Mar. 9 | \$175 - before Mar. 9 \$195 - after Mar. 9 |
| <input type="checkbox"/> September 21, 2018 Gary Radz, DDS Creating a Cosmetic Practice Within Your General Practice | \$315 - before Sep. 7 \$335 - after Sep. 7 | \$415 - before Sep. 7 \$435 - after Sep. 7 | \$175 - before Sep. 7 \$195 - after Sep. 7 |
| <input type="checkbox"/> October 12, 2018 Kirk Behrendt The Top 10 Secrets to Make Your Practice Thrive | \$315 - before Sep. 28 \$335 - after Sep. 28 | \$415 - before Sep. 28 \$435 - after Sep. 28 | \$175 - before Sep. 28 \$195 - after Sep. 28 |
| <input type="checkbox"/> November 9, 2018 Howard Glazer, DDS I Have It... You Need It! Must Have Products & Materials | \$315 - before Oct. 26 \$335 - after Oct. 26 | \$415 - before Oct. 26 \$435 - after Oct. 26 | \$175 - before Oct. 26 \$195 - after Oct. 26 |
| May 11, 2018 Mark Your Calendar 155th Annual Session featuring Debra Englehardt-Nash (registration information will be available in March.) | | | |
| 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, FAX TO: 302-368-7669.

Registration Category - Check One Only

- Dentist Dental Assistant Package Staff Person (Complimentary)
 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 • Fax: 302-368-7669 • Website: www.delawarestatedentalsociety.org

Mail: DSDS, 200 Continental Drive, Suite 111, Newark, DE 19713