

S Annual Session

REGISTRATION MAY 10, 2019

FOR THE ENTIRE DENTAL TEAM FEATURING DAVE WEBER

CHASE CENTER ON THE RIVERFRONT, WILMINGTON, DE

PLEASE COPY FORM FOR EACH REGISTRANT. DOCTORS & STAFF MUST REGISTER SEPARATELY.

NAME: (FIRST)		(MI)	(LAST)	
EMAIL ADDRESS (REGISTRATION	CONFIRMATION WI	LL BE SENT BY EMAIL ONE WEEK PR	RIOR TO THE COURSE)	
EMPLOYER'S NAME (FOR STAFF	REGISTRATIONS)			
OFFICE ADDRESS				
CITY, STATE, ZIP				
OFFICE TELEPHONE	CELL TELEPHONE (FOR EMERGENCIES)			
PAYMENT: (Full Paym	ent is Due with R	egistration)		
Check for \$	is enclosed payable to Delaware State Dental Society			
Charge \$	to my: 🔲 VISA			
ACCOUNT NUMBER		EXPIRATION DATE	SECURITY	
			st book, "Leadership Redefine	
The 12 X's of Success for T	ODAY's Leader")			
PRIOR TO MAY 1, 2019: DSDS/ADA Dentist	¢220	AFTER MAY 1, 2019:	¢2CE	
□ Non DSDS/ADA Dentist		□ DSDS/ADA Dentist□ Non DSDS/ADA Dentist		
☐ Staff/Student/Spouse		☐ Staff/Student/Spouse		
REGISTRATION	FOR MC	RE INFORMATION		
CATEGORIES:	TEL.302-	TEL. 302-368-7634 DEDENTALSOCIETY@GMAIL.COM		
(Check Only One)	TOREG	ISTED.		
■ DSDS/ADA Dentist		FAX FORM TO: 302-368-7669		
Non DSDS/ADA Dentist		REGISTER ON THE WEB:		
□ Dental Assistant □ Dental Hygienist WWW.DELAWARESTATEDENTALSOCIETY.OR			SOCIETY.ORG	
☐ Student	REFUND POL	REFUND POLICY: All requests for refunds or cancellations must be received		
☐ Office Manager/Staff☐ Spouse		May 1, 2019. No refunds after that d 5 administrative fee. Registration t		
SOCIAL REGISTRA		S/ADA Members & Spouse/		
☐ THURSDAY, MAY 9	Guest	ts Only)		



Annual Business Session & President's Party