ANNUAL SESSION REGISTRATION



DELAWARE STATE DENTAL SOCIETY

MAY 13, 2021

FOR THE ENTIRE DENTAL TEAM FEATURING DR. HAROLD CROSSLEY

Chase Center on the Riverfront Wilmington, Delaware

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

NAME: (FIRST)	(MI)		(LAST)
EMAIL ADDRESS (REGISTRATION CONF	TRMATION WILL BE SEN	T BY EMAIL ONE WEEK	PRIOR TO THE COURSE)
EMPLOYER'S NAME (FOR STAFF REGIST	RATIONS)		
OFFICE ADDRESS			
CITY, STATE, ZIP			
OFFICE TELEPHONE		CELL TELEPH	ONE (FOR EMERGENCIES)
PAYMENT: (Full Payment	t is Due with Regi	istration)	
Check for \$ is enclosed payable to Delaware State Dental Society			
Charge \$	to my: VISA	MasterCard	
ACCOUNT NUMBER	EXPIR	RATION DATE	SECURITY CODE
REGISTRATION COST PRIOR TO MAY 7, 2021: DSDS/ADA Dentist Non-DSDS/ADA Dentist Staff/Student/Spouse Resident	\$315 \$415 \$190/person	□ Non-DSDS/A□ Staff/Student	2021: entist \$335 DA Dentist \$435 t/Spouse \$210/person
REGISTRATION CATEGORIES:		INFORMAT	ION: ENTALSOCIETY@GMAIL.COM
(Check Only One) DSDS/ADA Dentist Non-DSDS/ADA Dentist Dental Assistant Dental Hygienist Student Office Manager/Staff Spouse Resident	TO REGISTER: FAX FORM TO: 302-368-7669 REGISTER ON THE WEB: WWW.DELAWARESTATEDENTALSOCIETY.ORG REFUND POLICY: All requests for refunds or cancellations must be received in writing by May 7, 2021. No refunds after that date. Refunds & cancellations will incur a \$35 administrative fee. Registration funds are not transferable.		
SOCIAL REGISTRATI	ON:		
THURSDAY, MAY 13 Annual Session Dinner F	OR MEMBERS	ONLY	

DOCTOR NAME

Chase Center Christina Ballroom

Complimentary (Pre-registration required no later than May 7, 2021)