# 2020 Continuing Education Registration Form

Register Online at [https://delawarestatedentalsociety.org/ce-series.html](https://delawarestatedentalsociety.org/ce-series.html)

**CHECK ALL THAT APPLY ...**

<table>
<thead>
<tr>
<th></th>
<th>DSDS/ADA MEMBER</th>
<th>NON-ADA MEMBER</th>
<th>STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Five Program Package</strong> (may NOT be shared)</td>
<td>$1,100.00</td>
<td>$1,475.00</td>
<td>N/A</td>
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</table>

**Individual Courses:** (please check courses/days for which you are registering)

<table>
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<tr>
<th>Date</th>
<th>Title</th>
<th>DSDS/ADA MEMBER</th>
<th>NON-ADA MEMBER</th>
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| **FEBRUARY 7, 2020** | DR. LARRY SANGRIK  
| **MARCH 27, 2020**  | DR. LEE ANN BRADY  
| **SEPTEMBER 26, 2020** | DR. HUGH FLAX  
The Magic of Low-Assisted and Conservative Cosmetic Dentistry         | $315 - before Sep. 11 | $415 - before Sep. 11 | $175 - before Sep. 11 |
| **OCTOBER 23, 2020** | DR. HAROLD CROSSLLEY  
The Weed of Today is Not Your Momma’s Weed AND  
Clues to Your Patients’ Health: Look in Their Bag of Pills | $315 - before Oct. 9 | $415 - before Oct. 9 | $175 - before Oct. 9 |
| **NOVEMBER 20, 2020** | DR. SUSAN MÜLLER  
Distinguishing the Beast from the Beauty: Oral Radiology Update        | $315 - before Nov. 6 | $415 - before Nov. 6 | $175 - before Nov. 6 |

May 15, 2020, Mark Your Calendar  
157th Annual Session featuring Dr. Uche Odiatu (registration information will be available in February)

**GRAND TOTAL:**

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**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.

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**Registration Category – Check One Only**

- Dentist  
- Dental Assistant  
- 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**

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**FOR INFORMATION Call:** 302-368-7634  
Email: dentalsoociety@gmail.com • Fax: 302-368-7669 • Website: [www.delawarestatedentalsociety.org](http://www.delawarestatedentalsociety.org)  
Mail: DSDDS, 200 Continental Drive, Suite 111, Newark, DE 19713