



2021 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/faxed together, the complete total may be sent as one check or credit card charge.

Course Selections – Please check ALL courses/days for which you are registering.

	DSDS/ADA Member	Non-ADA Member	Staff
<input type="checkbox"/> FEBRUARY 10, 2021 – Lee Ann Brady, DMD Top Clinical Tips for Esthetic Success	\$75	\$75	\$75
<input type="checkbox"/> MARCH 31, 2021 – David W. Dryden, JD, RPh Controlled Substance	\$50	\$50	\$50
<input type="checkbox"/> SEPTEMBER 24, 2021 – Samuel Low, DDS Introducing Lasers in Managing Periodontal/Soft Tissue	\$315 - Before Sept. 10 \$335 - After Sept. 10	\$415 - Before Sept. 10 \$435 - After Sept. 10	\$175 - Before Sept. 10 \$195 - After Sept. 10
<input type="checkbox"/> OCTOBER 22, 2021 – Susan Muller, DMD Distinguishing the Benign from the Deadly: Oral Pathology Update	\$315 - Before Oct. 8 \$335 - After Oct. 8	\$415 - Before Oct. 8 \$435 - After Oct. 8	\$175 - Before Oct. 8 \$195 - After Oct. 8
<input type="checkbox"/> NOVEMBER 19, 2021 – Howard Glazer, DDS I Have It...You Need It!	\$315 - Before Nov. 5 \$335 - After Nov. 5	\$415 - Before Nov. 5 \$435 - After Nov. 5	\$175 - Before Nov. 5 \$195 - After Nov. 5
MAY 14, 2021 – Mark Your Calendar – 158 th Annual Session featuring Harold Crossley, DDS (registration information will be available March, 2021).			
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 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: DS DS, 200 Continental Drive, Suite 111, Newark, DE 19713

COURSE SELECTIONS

REFUNDS

REGISTRANT INFORMATION

PAYMENT