



2015

**DELAWARE STATE DENTAL SOCIETY
11TH ANNUAL GIVE KIDS A SMILE
VOLUNTEER REGISTRATION**

**FAX TO: 302-368-7669 OR REGISTER ONLINE
BY JANUARY 26, 2015**

___ Friday, February 6, 2015

**Delaware Technical Community College
Dental Health Center
333 Shipley Street, Wilmington, DE
8:00 AM to 2:30 PM**

___ Saturday, February 7, 2015

**La Red Health Center
21444 Carmean Way, Georgetown, DE
8:00 AM to 2:30 PM**

Please check one: ___ Dentist ___ Hygienist ___ Assistant ___ Staff

___ Yes, I can remain beyond 2:30 PM if necessary for restorative procedures.

___ Yes, I can act as a Spanish Interpreter.

___ Yes, I am willing to provide a monetary contribution towards dental supplies and/or refreshments for the volunteers. Please send a check to the DSDS office. Thank you.

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Office Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

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