

EASTERN DENTAL SOCIETY

Membership Registration and Statement of Dues

For October 1, 2011-September 30, 2012

Regular Member Dues: \$60

Name _____

Street Address _____

Suite _____

City _____ State _____ Zip _____

Office Phone() _____ Fax() _____

E-mail _____

Home Phone() _____

Cell Phone() _____

Promotions:

1. Prepayment Discount – Prepay for all of the events (except the golf outing) and 1(one) event/lecture of your choice is **FREE**

2. Refer a dentist that joins and 1 event/lecture of your choice **FREE**

Please make check payable to EASTERN DENTAL SOCIETY and mail to:

Dr. Charles L. Gemmi
2137 Welsh Road, Suite 1B
Philadelphia, PA 19115
(215) 676-7846

Suggestions for speakers, events and venues : _____

Visit our web site at www.eastern-dental.org