Southeast DENTAL SOCIETY

Fall Meeting

REGISTRATION FORM

September 17-18, 2026

DOCTOR			
Name		ADA #	
Address			
City		State	Zip
Phone	Fax		
Email			
DENTAL TEAM STAFF			
Name	Title		
Name	Title		
Name	Title		
SPOUSE/GUEST (Thursday Evening Dinner Only)			
Name			

MEETING REGISTRATION FEES (Includes Thursday Dinner, All CE, Breakfasts)				
Category	***Fee by 9/1***	***Fee after 9/1***	***# Attending***	***Total Amount***
Member Dentist	$50	$75		$
Non-Member Dentist	$350	$375		$
Dental Team/Spouse	$25	$50		$
Meeting Registration Fees Total Amount Due				**$**

THURSDAY INSTALLATION BANQUET (No Additional Fee, But RSVP Required to Plan for Meal)	
Please let us know if you will be attending by telling us how many *Dinner RSVP*	#

FRIDAY BUSINESS MEETING BOXED LUNCH (For Members Only)	
No Fee for Boxed Lunch, but RSVP required to pick up your lunch	#

GOLF TOURNAMENT FEES (Includes Golf Fees & Lunch)				
Category	***Name & Handicap***	***Fee***	***# Attending***	***Total Amount***
Active Member Dentist		$35		
Non-Member Dentist		$95		
Vendor/Sponsor		$80		
Golf Tournament Fees Total Amount Due				**$**

Total Amount Due – ***For All Registrants On This Form (Golf & Meeting Fees)***	**$**

RETURN FORM AND PAYMENT BY MONDAY, SEPTEMBER 1 FOR LOWEST FEES.

Checks Payable to Southeast Dental Society

Mail to: Dr. Ashley Mills, 989 N Mount Auburn Rd, Cape Girardeau MO 63701-3402

For Questions:

SEDS President: Dr. Ashley Mills Ashley Mills (816) 536-4668 or ashleymillsdds@gmail.com

Golf Coordinator: Dr. Ross Bennett (573) 334-8013 or drrossbennett@yahoo.com