



Southeast DENTAL SOCIETY

Fall Meeting
REGISTRATION FORM
September 18-19, 2025

Meeting details/schedule and speaker/course information at modental.org/southeast.

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

THURSDAY INSTALLATION BANQUET (no fee if registered for CE; dinner only fee \$20/each, include on total)		
<i>Please let us know if you will be attending by telling us how many</i>		Dinner RSVP #

MEETING REGISTRATION FEES (Includes Thursday Dinner, All CE, Breakfasts)				
Category	Fee by 9/8	Fee after 9/8	# Attending	Total Amount
Member Dentist	\$50	\$75		\$
Non-Member Dentist	\$350	\$375		\$
Dental Team/Spouse	\$25	\$50		\$
Meeting Registration Fees Total Amount Due				\$

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

Total Amount Due – All Registrants on This Form, Meeting and Golf Fees	\$
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RETURN FORM AND PAYMENT BY MONDAY, SEPTEMBER 8 FOR LOWEST FEES

Checks payable to Southeast Dental Society and mail to:

Innovative Orthodontics, Attn: SEDS Fall Meeting, 2103 Broadway St, Cape Girardeau MO 63701

SEDS President: Dr. Jennifer Burzynski (573) 332-7223 or jenn_303@hotmail.com

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