

11457 Olde Cabin Rd., Ste 300 St. Louis, MO 63141 314-569-0444/fax 314-569-0448 www.greaterstlouisdentalsociety.org

REQUEST FOR WEBSITE EVENT LISTING

- Please email request, as you'd like it to read to nikki@stlouisdental.org.
- GSLDS must approve any listings before they will be added to the website.
- GSLDS will only accept clinical or practice management events for website listing.
- Listings can be placed on website up to 60 days prior to event date.
- Listings will be removed the day after event takes place.
- We will list event date, location, time and brief description.
- Limit 50 word description and one hyperlink.
- Events may not conflict with any GSLDS event, either in date, subject, or speaker, at the discretion of the Society.

Purchaser:			
Address:			
Phone:		Email:	
Fee \$			
The above named indivi	dual/organizatio	n agrees to the above rule	s/regulations regarding use
of Greater St. Louis Dent	al Society memb	pership labels/list	(initial)
Fee: \$ 100.00	GSLDS Member fee: \$50		
☐ Check enclosed	□ Visa	☐ MasterCard	
Credit Card #			Exp. Date
Signature:			