



South District



Tuesday, Jan 20
Tuesday, March 24*
Tuesday, May 19
Tuesday, Oct 20



2026 OFFICERS

Dr. Jane Otto

PRESIDENT

drjaotto@yahoo.com

Dr. Chris Guilfooy

VICE PRESIDENT

drguilfooy@oakdc.com

Dr. Jeffrey Sindelar

drsindelar@oakdc.com

*The March 24 meeting is combined with the Joint District. Locations and topics will be announced via email.

MEETING SERIES 2026

The meeting series provides opportunities to network with fellow professionals, enjoy a nice dinner, and earn 1.5 hours of CE from guest speakers who present on a variety of current issues.

REGISTRATION

Sign up for all 4 meetings and save \$80. Or sign up for each meeting individually. Registration includes dinner and 1.5 hours of CE. First time attendees who sign up for the South District Meeting Series receive a 50% discount!

2026 SOUTH DISTRICT SERIES - 4 MEETINGS
\$200

2026 SOUTH DISTRICT SERIES - 4 MEETINGS
NEW MEMBER!
\$100

SINGLE MEETING
\$70 each

Email Nikki at the Central Office to Register!

Nikki Sprehe | nikki@stlouisdental.org
2 CityPlace Drive, Suite 70, St. Louis, MO 63141 | 314-569-0444



Greater St. Louis
DENTAL SOCIETY

South District

DISTRICT BREAKDOWN

The Greater St. Louis Dental Society is composed of five district divisions based on our historical organization.

Members who practice within a district division are automatically a member of that district.

Not sure what district you are a part of?

Go to our website to find out!

Visit www.greaterstlouisdentalociety.org

Go to "Meetings & Events" and "District Meetings"



CALL:

314-569-0444

FAX:

314-569-0448

EMAIL:

nikki@stlouisdental.org

WEBSITE:

greaterstlouisdentalociety.org

2026 South District Meeting Registration Form

SELECT ONE:

2026 SERIES (4 MEETINGS) **\$200** ☐

2026 SERIES (4 MEETINGS) **\$100** ☐
FIRST TIME ATTENDEE!

INDIVIDUAL MEETING(S) **\$70** ☐
PLEASE SPECIFY DATE(S)

CE Topics of Interest

Special Dietary Requests
(please note here)

Name _____

Address _____

City/State/Zip Code _____

Phone _____ Email _____

Meeting notices are sent via email. Please confirm your email address is correct and legible.

Payment: ☐ Check - payable to Greater St. Louis Dental Society ☐ Visa ☐ MasterCard ☐ AMEX

CC# _____

Expiration Date _____ Security Code _____

Credit Card Billing Address _____

Total \$ _____ *Note: Please include a \$5 processing fee for credit card payments.*

Signature _____

(indicates approval for charges on your account)

Please Return To:

GREATER ST. LOUIS DENTAL SOCIETY
2 CITYPLACE DRIVE, SUITE 70
ST. LOUIS, MO 63141
nikki@stlouisdental.org