



Greater St. Louis
DENTAL SOCIETY

Joint District MEETING SERIES

JOINT DISTRICTS INCLUDE

North District
Central District
West District

2025 JOINT DISTRICT MEETING SERIES COST: \$200*

OR single meetings available at \$60 per meeting
Cost includes: 4 Dinner Meetings & 1.5 CE per meeting

*50% discount to first time members who have
never joined the Joint District Meeting Series

2025 JOINT DISTRICT SERIES PERKS

The district 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.

2025 JOINT DISTRICT OFFICERS

Dr. Carly Boudreaux, North President
dr.carly@littlesmilespediatricdentist.com

Dr. Sable Muntean, Central President
sableamunteandmd@gmail.com

Dr. Shuka Moshiri, West President
shukamoshiri@gmail.com

Tuesday, January 21 - Madrina
Tuesday, March 18* - Sunset 44
Tuesday, May 20
Tuesday, October 21

*March 18 - Combined with South District
Speaker/Topic/Location: TBA via email





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Joint District MEETING SERIES

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 apart of?
Go to our website to find out!

CALL :
314-569-0444

FAX :
314-569-0448

EMAIL:
emily@stlouisdental.org

WEBSITE:
greaterstlouisdentalsociety.org

2025 JOINT DISTRICT MEETING SERIES - \$200.00

Note: First time members to join the Joint District will receive 50% off of the series = \$100
(Joint District membership from previous series will be checked prior to discount)

Name _____ District _____

Address _____

City/State/Zip Code _____

Phone _____ Email _____

District meeting notices will be sent by email - please confirm your email address.

CE Topic(s) of Interest: _____

Payment: Check - payable to Central District Visa MasterCard AMEX

(note: an extra \$5 will be charged for credit card processing fee)

CC# _____

Expiration Date _____ Sec Code _____

Credit Card Billing Address _____

Signature (indicates approval for charges on your account) _____