



**Greater St. Louis**  
DENTAL SOCIETY

# South District MEETING SERIES

## 2025 SOUTH 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 off of the series to first time New Dentist  
(graduated 2016-2025) members who have never attended the  
South District Meetings

## 2025 SOUTH 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 various guest speakers.

## 2025 SOUTH DISTRICT OFFICERS

**Dr. Shenan Bradshaw, South District President**  
[shenan.bradshaw@gmail.com](mailto:shenan.bradshaw@gmail.com)

**Dr. Jane Otto, South District Vice President**  
[drjaotto@yahoo.com](mailto:drjaotto@yahoo.com)

**Tuesday, January 21**  
**Tuesday, March 18\***  
**Tuesday, May 20**  
**Tuesday, November 18**



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



Greater St. Louis  
DENTAL SOCIETY

# South 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:**  
susan@stlouisdental.org

**WEBSITE:**  
greaterstlouisdentalsociety.org

## 2025 SOUTH DISTRICT MEETING SERIES - \$200.00

Note: First time New Dentist (2016-2025) members to join the South District will receive 50% off of the series = \$100

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) \_\_\_\_\_