



Membership for Dental Practices

The Society's goal is to reduce the rate of complications for children undergoing sedation and to continue educating all health care providers on techniques that reduce complications associated with sedation. Join us and be seen as a leader in the field of pediatric sedation who is dedicated to achieving high quality pediatric care.

Dentist Contact First and Last Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web Address: _____

Administrator's Contact First and Last Name: _____

Administrator's E-mail: _____

MEMBERSHIP LEVELS

Small Dental Practice (Practice consisting of three or fewer dentists) _____ **\$750**

Five (5) complimentary staff memberships, including dentists and/or licensed members of practice staff.

NAME	TITLE

Large Dental Practice (Practice consisting of more than three dentists) _____ **\$1,250**

Ten (10) complimentary staff memberships, including dentists and/or licensed members of practice staff.

NAME	TITLE

Payment must be made by check, payable to the Society for Pediatric Sedation. (Tax ID #26-0357649; 501c3)

Form must be returned with payment.

Please return to:

Society for Pediatric Sedation

2209 Dickens Rd. | Richmond, VA 23230-2005

SPS Mission Statement

The Society for Pediatric Sedation (SPS) will strive to be the international multidisciplinary leader in the advancement of pediatric sedation by promoting safe, high quality care, innovative research and quality professional education.