



This form must be completed and returned with your payment to be eligible to attend the luncheon lectures in 2026.

2026 PHYSICIAN EMERITUS CONTRIBUTION FORM

Submission Deadline: March 20, 2026

Physician Name: _____

Please Print Spouse's/Guest's Full Name: _____

Phone Number: _____ Email: _____

Please register my attendance at the following educational luncheons, please check all that apply. The cost for you + your guest is \$50/luncheon.

- Tuesday April 14, 2026, at the University Whist Club, Wilmington**
- Tuesday May 5, 2026, at the Clubhouse at Baywood Golf Course, Millsboro**
- Tuesday June 9, 2026, at the University Whist Club, Wilmington**
- Tuesday October 13, 2026, at the University Whist Club**

Enclosed is my payment for _____ # of luncheon(s): Total Enclosed \$ _____

Check # _____

or

Please bill to my credit card (Visa/ MasterCard/American Express)

Name on Credit Card _____ 3 Digit # _____

Full Billing Address for Credit Card _____

Credit Card Number _____ Expiration Date _____

Your email address to receive your receipt: _____

Mail to: Medical Society of Delaware – PO Box 8155, Newark DE 19714 Email to:

Membership@medsocdel.org Fax to: (302) 366-1354 Phone: (302) 366-1400