



SAN DIEGO
NOVEMBER 4 - 7, 2009

Early Registration Deadline: September 25, 2009

All registrations postmarked or received online after September 25, 2009 will incur a \$100 late fee.

Manchester Grand Hyatt, San Diego, California, November 4-7, 2009

PART 1 REGISTRANT INFORMATION

PLEASE TYPE OR PRINT CLEARLY IN ALL CAPITAL LETTERS

			ACP Member ID Number
Last Name	First Name	Middle Initial	
Company Name			
Address Line 1			
Address Line 2			
Address Line 3			
City	State/Province	ZIP/Postal Code	Country
Business Phone	Fax		
Email (Required - Confirmations will be sent via e-mail)			
Emergency Contact	Daytime Phone	Evening Phone	
<input type="checkbox"/> Special needs as defined by Americans with Disabilities Act			

PART 2 GENERAL REGISTRATION

CHECK ONE:

Early registration deadline: September 25, 2009. All registration forms postmarked, date stamped, or received after September 25, 2009 must include late fee.

<input type="checkbox"/> Member/Fellow	\$455	<input type="checkbox"/> Alliance Technician Members	\$275	<input type="checkbox"/> Saturday Only Pass Member****	\$125
<input type="checkbox"/> Non-Member	\$865	<input type="checkbox"/> Alliance Technician Students**	\$150	<input type="checkbox"/> Saturday Only Pass Non-Member****	\$150
<input type="checkbox"/> ACP Students*	\$150	<input type="checkbox"/> Forum Organization Members***	\$585	<input type="checkbox"/> Late Fee	\$100
<input type="checkbox"/> Pre-doc Student Members	\$150	<input type="checkbox"/> Non-Member Alliance Technicians	\$425	Spouse/Companion Name:	
<input type="checkbox"/> Academic Alliance Members	\$375	<input type="checkbox"/> Dental Assistants, Hygienists,		_____	
<input type="checkbox"/> Global Alliance Members	\$375	Office Staff	\$200	_____	

* A limited number of student travel stipends are also available.
 ** Proof of enrollment in a certified dental technician program must accompany registration form.
 *** Members of the following Prosthodontic Forum Organizations: AACD, AAED, AAFP, AAID, AAMP, AO, AP, AES, APS, GNYAP, IAG, NADL, NBC, NGS, PCSP and SEAP.
 **** Saturday only passes include entrance to the Technology Forum, continental breakfast and one of the afternoon CE workshops.

TOTAL GENERAL REGISTRATION FEES:	\$
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3 WAYS TO REGISTER

Web: www.prosthodontics.org/AS AS Mail: The American College of Prosthodontists, 5198 Eagle Way Chicago, IL 60678-5198 Fax: 312-573-1257

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registration form



Manchester Grand Hyatt, San Diego, California, November 4-7, 2009

PART 3		OPTIONAL WORKSHOPS AND EVENTS		
		Fee	✓	Total
Tuesday, November 3				
2:00 – 5:00 p.m.	AAMP Sponsored CE Workshop – Achieving a True Digital 3D Treatment/Surgical Planning Protocol in a Busy Team Environment	\$125	<input type="checkbox"/>	(\$)
Wednesday, November 4 (Please select one)				
7:00 a.m. – 4:00 p.m.	Board Preparation Course Member/Non-Member	\$175/\$275	<input type="checkbox"/>	(\$)
7:00 a.m. – 4:00 p.m.	Predoctoral Educators Workshop	No fee	<input type="checkbox"/>	
7:00 a.m. – 4:00 p.m.	Postdoctoral Educators/Mentors Workshop	No fee	<input type="checkbox"/>	
8:00 a.m. – 12:00 p.m.	Prosthodontic Diagnostic Index™ (PDI™) Calibration Seminar	No fee	<input type="checkbox"/>	
1:00 – 4:00 p.m.	Writers' Workshop	\$35	<input type="checkbox"/>	(\$)
2:00 – 5:00 p.m.	ACP Early Bird Session: Advances in Maxillofacial Prosthetics	No fee	<input type="checkbox"/>	
6:30 – 9:00 p.m.	U.S.S. Midway Welcome Reception	\$25	<input type="checkbox"/>	(\$)
Thursday, November 5				
10:00 a.m. – 2:00 p.m.	Companion Event – San Diego Zoo	\$50	<input type="checkbox"/>	(\$)
6:30 – 9:00 p.m.	Air Force, Army, and Navy Dinner	\$50	<input type="checkbox"/>	(\$)
Friday, November 6				
4:30 – 5:30 p.m.	Student/New Prosthodontist Reception	No fee	<input type="checkbox"/>	
6:30 – 9:00 p.m.	Annual Awards Dinner	\$125	<input type="checkbox"/>	(\$)
Saturday, November 7 (Please select one)				
7:00 – 8:00 a.m.	Veterans Administration Breakfast	\$45	<input type="checkbox"/>	(\$)
7:30 – 9:00 a.m.	ACP Regional Meetings	No fee	<input type="checkbox"/>	
	<input type="checkbox"/> Northeast Region 1 <input type="checkbox"/> Pacific Region 5			
	<input type="checkbox"/> Eastern Region 2 <input type="checkbox"/> Federal Services Region 6			
	<input type="checkbox"/> Central Region 3 <input type="checkbox"/> International Region 7			
	<input type="checkbox"/> Rockies/Plains Region 4			
8:00 a.m. – 3:00 p.m.	Dental Technician Workshop	No fee	<input type="checkbox"/>	
12:30 – 5:00 p.m.	Private Practice Workshop	\$50	<input type="checkbox"/>	(\$)
		OPTIONAL WORKSHOPS AND EVENTS TOTAL FEES:		\$

PART 4		PAYMENT	
Payment must accompany this form or your registration will not be processed.		GRAND TOTAL FROM PART 2 & 3 : \$	
TYPE OF PAYMENT			
<input type="checkbox"/> Check <i>(Checks must be made payable to the American College of Prosthodontists, issued in U.S. funds, or registrations will not be processed. Checks returned for insufficient funds will result in a \$20 fee.)</i>		Credit Card: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
		Account Number _____	Expiration Date _____
		Signature _____	
		Print Name _____	

PLEASE RETAIN A COPY OF BOTH PAGES OF YOUR REGISTRATION FORM FOR YOUR RECORDS.