ACP 40TH annual session

REGISTRATION FORM

EARLY REGISTRATION DEADLINE: SEPTEMBER 24, 2010

All registrations postmarked or received online after September 24, 2010 will incur a $100 late fee.

Hyatt Regency Grand Cypress, Orlando, Florida, November 3-6, 2010

PART 1 REGISTRANT INFORMATION

ACP Member ID Number

PLEASE TYPE OR PRINT CLEARLY IN ALL CAPITAL LETTERS

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

E-mail (Required – Confirmations will be sent via e-mail)

Emergency Contact | Daytime Phone | Evening Phone

❑ Special Needs – If you have a disability as defined by the American Disabilities Act that requires special needs, accommodations or requirements please check the box and you will be contacted by a staff person.

PART 2 REGISTRANT INFORMATION

CHECK ONE:

Early registration deadline: **September 24, 2010**. All registration forms postmarked, date stamped or received after **September 24, 2010** must include late fee.

Key:

** Proof of enrollment in a ADA accredited dental 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.

**** Friday/Saturday pass only includes entrance to Friday's General Session, Exhibit Hall, Digital Realities for Dental Laboratories Workshop; and Saturday's Regional Breakfasts, Technology Forum and Digital Restorative Symposium

*****1 max per attendee – includes M. Gladwell ticket, welcome reception, exhibit hall pass for 2 breakfasts, 2 coffee breaks, 2 heavy refreshment breaks

3 WAYS TO REGISTER

Web: www.prosthodontics.org/AS

Mail: The American College of Prosthodontists, 5198 Eagle Way Chicago, IL 60678-5198

Fax: 312-573-1257

2010 Annual Session Registration Fees	Before Sept 24	After Sept 24† ($100 Increase)
❑ Member/Fellow	$475	$575
❑ Non-Member Dentist	$900	$1,000
❑ Student Members	$150	$250
❑ Pre-Doctoral Student Alliance Members	$150	$250
❑ Academic Alliance Members	$385	$485
❑ Global Alliance Members	$385	$485
❑ Forum Organization Members***	$585	$685
❑ Dental Technician Alliance Members	$285	$385
❑ Dental Technician Non-Members	$550	$650
❑ Dental Assistants, Hygienists, Office Staff	$210	$310
❑ Members Friday/Saturday only****	$150	$250
❑ Non-Members Friday/Saturday only****	$300	$400
❑ Companion*****	$85	$100

Name_____

TOTAL GENERAL REGISTRATION FEES: ($_____)

† Late fee may be waived for government employees only, please contact the ACP for more details.

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REGISTRATION FORM Continued from pg 1

PART 3 OPTIONAL WORKSHOPS AND EVENTS

	Fee	Late Fee	Qty.	Total
Tuesday, November 2				
❑ 1:30 – 4:30 p.m. AAMP CE Workshop – 3D Surface Imaging in Maxillofacial Prosthetics	$144	—	—	$
Wednesday, November 3				
❑ 7:00 a.m. – 4:00 p.m. Board Preparation Course	$225	$325		$
❑ 7:00 a.m. – 4:00 p.m. Predoctoral Educators Workshop	No Fee	—	—	
❑ 7:00 a.m. – 4:00 p.m. Postdoctoral Educators Workshop	No Fee	—	—	
❑ 5:30 – 7:30 p.m. Welcome Reception	$25	$50		$
Thursday, November 4				
❑ 6:30 – 8:00 a.m. Air Force Breakfast	No Fee	—	—	
❑ 6:30 – 8:00 a.m. Navy Breakfast	No Fee	—	—	
❑ 8:00 a.m. – 12:00 p.m. SeaWorld Excursion	$75	$100		$
Friday, November 5				
❑ 6:30 – 8:00 a.m. Army Breakfast	No Fee	—	—	
❑ 6:30 – 8:00 a.m. Veterans Breakfast	No Fee	—	—	
❑ 6:30 – 9:00 p.m. ACP Annual Awards & President's Dinner	$135	$150		$
Saturday, November 6				
❑ 7:30 – 9:00 a.m. ACP Regional Meetings	No Fee			
❑ Northeast Region 1 ❑ Eastern Region 2 ❑ Central Region 3 ❑ Rockies/Plains Region 4 ❑ Pacific Region 5 ❑ Federal Services Region 6 ❑ International Region 7				
❑ 1:00 – 5:00 p.m. Practice Management Workshop	$75	$100	—	$
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

❑ Check
(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.)

❑ Credit Card: ❑ American Express ❑ MasterCard ❑ VISA

By registering for this event, you grant ACP permission to distribute your name and address to all 2010 Annual Session Exhibitors for promotional purposes.

By registering for this event, you also grant permission to take photographs during the event and use for future promotional purposes.

_____ _____
Account Number Expiration Date

_____
Signature

_____
Print Name

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