



## 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		
Email (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.

- \* 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.
- \*\*\*\* 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

##### 2010 Annual Session Registration Fees

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

Name \_\_\_\_\_

**TOTAL GENERAL REGISTRATION FEES: (\$\_\_\_\_\_)**

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

##### 3 WAYS TO REGISTER

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

**PART 3 OPTIONAL WORKSHOPS AND EVENTS**

	Fee	Late Fee	Qty.	Total
<b>Tuesday, November 2</b>				
<input type="checkbox"/> 1:30 – 4:30 p.m. AAMP CE Workshop – 3D Surface Imaging in Maxillofacial Prosthetics	\$144	—	—	\$
<b>Wednesday, November 3</b>				
<input type="checkbox"/> 7:00 a.m. – 4:00 p.m. Board Preparation Course	\$225	\$325		\$
<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 Workshop	No Fee	—	—	
<input type="checkbox"/> 5:30 – 7:30 p.m. Welcome Reception	\$25	\$50		\$
<b>Thursday, November 4</b>				
<input type="checkbox"/> 6:30 – 8:00 a.m. Air Force Breakfast	No Fee	—	—	
<input type="checkbox"/> 6:30 – 8:00 a.m. Navy Breakfast	No Fee	—	—	
<input type="checkbox"/> 8:00 a.m. – 12:00 p.m. SeaWorld Excursion	\$75	\$100		\$
<b>Friday, November 5</b>				
<input type="checkbox"/> 6:30 – 8:00 a.m. Army Breakfast	No Fee	—	—	
<input type="checkbox"/> 6:30 – 8:00 a.m. Veterans Breakfast	No Fee	—	—	
<input type="checkbox"/> 6:30 – 9:00 p.m. ACP Annual Awards & President's Dinner	\$135	\$150		\$
<b>Saturday, November 6</b>				
<input type="checkbox"/> 7:30 – 9:00 a.m. ACP Regional Meetings	No Fee			
<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				
<input type="checkbox"/> 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.

\_\_\_\_\_  
Account Number      Expiration Date

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Print Name

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