



PROSTHODONTIC REVIEW COURSE

Sept. 21-22, 2019 | New York City

ATTENDEE INFORMATION

First Name

M.I.

Last Name

Company

Address Line 1

Address Line 2

City

State

Zip

Country

Business Phone

Cell Phone

Email (Required - Confirmations will be sent via email)

REGISTRATION FEES

☐ Members: \$895

☐ Non-Members: \$995

☐ Residents/Graduate Students: \$395

☐ 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 the ACP.

METHOD OF PAYMENT

☐ Check (Make payable to American College of Prosthodontists)

☐ VISA ☐ MasterCard ☐ American Express

Card Number

Exp. Date

Cardholder Name

Mail or Fax your completed form to:
American College of Prosthodontists | 211 E. Chicago Avenue, Suite 1000, Chicago, IL 60611
Phone: 312.573.1260 | Fax: 312.573.1257
Email: acp@prosthodontics.org