



Exhibits Only Registration Form

This is a one-day exhibit hall pass intended for dental professionals (industry representatives are not eligible and will not be granted access). It does not permit access to educational programs or continuing education credit.

PART 1 REGISTRANT INFORMATION

PLEASE TYPE OR PRINT CLEARLY

Prefix	First Name	Middle Initial	Last Name
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 email)			
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 this box and you will be contacted by a staff person.

PART 2 REGISTRATION FEES

Please select the date you would like for the one-day exhibit hall pass.

Exhibit Hall Hours

- Thursday, Oct. 31 (7:00 a.m. - 3:00 p.m.) \$150
- Friday, Nov. 1 (7:00 a.m. - 2:30 p.m.) \$150

PART 3 PAYMENT

GRAND TOTAL FROM PARTS 2: \$ _____

PAYMENT MUST ACCOMPANY THIS FORM OR YOUR REGISTRATION WILL NOT BE PROCESSED.

Check
Checks must be made payable to the American College of Prosthodontists and 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

RETURN BY:

EMAIL: education@prosthodontics.org

MAIL:

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

FAX: 312-573-1257

Card Number	Expiration Date
Signature	
Print Name	

On-site registration requires payment via credit card. Cash or check will not be accepted.

By registering for this event, you grant ACP permission to distribute your name and address to all 2019 Annual Session exhibitors for promotional purposes. By registering for this event, you also grant permission to have photographs taken during the event that may be used for future promotional purposes.

Please retain a copy of your registration form for your records.