



**EARLY REGISTRATION DEADLINE: SEPT. 23, 2019**

All registrations postmarked or received online after the deadline will incur a \$150 late fee.

**PART 1 REGISTRANT INFORMATION**

PLEASE TYPE OR PRINT CLEARLY

|   |  |                |                 |         |
|---|--|----------------|-----------------|---------|
| 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  |  | Cell Phone     |                 |         |
| 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**

Early registration deadline: Sept. 23, 2019.  
All registration forms postmarked, date stamped, or received after the deadline must include late fee.

- + Late fees may be waived for Federal Services employees only. Contact the ACP for details.
- \* Includes International, Active Life, Retired Life, and Honorary Members.
- \*\* Members of the following Prosthodontic Forum Organizations: AAED, AAFP, AAID, AAMP, AO, AP, AES, APS, GNYAP, ITI, NGSAMD, PCSP, SCAD, and SEAP.
- \*\*\* Paid registrants may register a maximum of one guest. This includes one exhibit hall pass. This is not intended for prosthodontists or other dental professionals. All dental professionals will be required to pay the full registration and fees to access the continuing education sessions at the meeting.

**3 WAYS TO REGISTER**

Web: [acp49.com](http://acp49.com)  
 Mail: American College of Prosthodontists  
 5198 Eagle Way, Chicago, IL 60678-5198  
 Fax: 312-573-1257

|   | Before Sept. 23 | After Sept. 23 <sup>†</sup> |
|---|-----------------|-----------------------------|
| <input type="checkbox"/> Member/Fellow*   | \$850           | \$1000                      |
| <input type="checkbox"/> Non-Member Dentist                                     | \$1555          | \$1705                      |
| <input type="checkbox"/> Resident/Graduate Student Member                       | \$325           | \$475                       |
| <input type="checkbox"/> Predoctoral Student Alliance Affiliate                 | \$325           | \$475                       |
| <input type="checkbox"/> Academic Alliance Affiliate                            | \$625           | \$775                       |
| <input type="checkbox"/> Global Alliance Affiliate                              | \$625           | \$775                       |
| <input type="checkbox"/> Forum Organization Member**                            | \$925           | \$1075                      |
| <input type="checkbox"/> Dental Technician Alliance Affiliate                   | \$425           | \$575                       |
| <input type="checkbox"/> Non-Affiliate Dental Technician                        | \$925           | \$1075                      |
| <input type="checkbox"/> Advanced Program & Graduate Student Alliance Affiliate | \$325           | \$475                       |
| <input type="checkbox"/> Dental Assistants, Hygienists, Office Staff            | \$325           | \$475                       |
| <input type="checkbox"/> Guest Registration***                                  | \$125           | \$125                       |
| Guest Name: _____   |                 |                             |

TOTAL GENERAL REGISTRATION FEES: \$ \_\_\_\_\_

