



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

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.

	On-Site
<input type="checkbox"/> Member/Fellow*	\$1000
<input type="checkbox"/> Non-Member Dentist	\$1705
<input type="checkbox"/> Resident/Graduate Student Member	\$475
<input type="checkbox"/> Predoctoral Student Alliance Affiliate	\$475
<input type="checkbox"/> Academic Alliance Affiliate	\$775
<input type="checkbox"/> Global Alliance Affiliate	\$775
<input type="checkbox"/> Forum Organization Member**	\$1075
<input type="checkbox"/> Dental Technician Alliance Affiliate	\$575
<input type="checkbox"/> Non-Affiliate Dental Technician	\$1075
<input type="checkbox"/> Advanced Program & Graduate Student Alliance Affiliate	\$475
<input type="checkbox"/> Dental Assistants, Hygienists, Office Staff	\$475
<input type="checkbox"/> Guest Registration***	\$125

Guest Name:

TOTAL GENERAL REGISTRATION FEES: \$ _____

PART 3 OPTIONAL WORKSHOPS AND EVENTS

		FEE	QTY.	TOTAL
Wednesday, Oct. 30				
<input type="checkbox"/>	7:00 A.M. – 4:45 P.M.	Board Preparation Course (Members)	\$400	\$
<input type="checkbox"/>	7:00 A.M. – 4:45 P.M.	Board Preparation Course (Non-Members)	\$800	\$
<input type="checkbox"/>	7:00 A.M. – 12:00 P.M.	Predoctoral Educators Conference	No Fee	-
<input type="checkbox"/>	7:00 A.M. – 12:00 P.M.	Postdoctoral Educators Conference	No Fee	-
<input type="checkbox"/>	1:00 – 2:30 P.M.	Media Training Course	\$25	\$
	1:00 – 4:00 P.M.	Immediate Implant Placement with Provisionalization	\$45	<i>sold out</i>
<input type="checkbox"/>	3:00 – 4:30 P.M.	Media Training Course	\$25	\$
<input type="checkbox"/>	6:00 – 8:00 P.M.	Welcome Reception	\$75	\$
Friday, Nov. 1				
	12:00 – 2:00 P.M.	Peer Review: Guidance and Tips from Journal of Prosthodontics Editors	\$25	<i>sold out</i>
<input type="checkbox"/>	7:00 – 9:00 P.M.	Annual Awards & President’s Dinner	\$190	<i>sold out</i>
Saturday, Nov. 2				
<input type="checkbox"/>	9:00 A.M. – 12:00 P.M.	Corporate-Sponsored Symposia (please select one):	No Fee	
		<input type="checkbox"/> Dentsply Sirona	-	
		<input type="checkbox"/> Ivoclar Vivadent	-	
		<input type="checkbox"/> Avadent	-	
	1:00 – 4:00 P.M.	The ESSENTIAL Digital Workflows for Your Modern Prosthodontics Practice	\$45	<i>sold out</i>

TOTAL OPTIONAL WORKSHOPS AND EVENTS FEES: \$ _____

PART 4 VOLUNTARY ANNUAL APPEAL DONATION

Donations to the Annual Appeal provide support for programs of the ACP Education Foundation that seek to improve patient outcomes, advance the specialty, and better serve ACP members. Donations received by Sept. 23 will be included on on-site recognition signage.

- Annual Appeal Donation \$100
- Annual Appeal Donation \$250
- Annual Appeal Donation \$500
- Annual Appeal Donation \$1000

PART 5 PAYMENT

GRAND TOTAL FROM PARTS 2, 3 & 4: \$ _____

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

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

- Credit Card:** American Express MasterCard VISA

Card Number _____ Expiration Date _____

Signature _____

Print Name _____

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.