



51ST ANNUAL SESSION OCT 26-30 • VIRTUAL

REGISTRATION FORM

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.

AGD Members, please enter your AGD number for PACE credit:

PART 2 REGISTRATION FEES

* Includes International, Active Life, Retired Life, and Honorary Members.

** Resident members currently enrolled in a CODA accredited prosthodontic or maxillofacial program (or have completed one within the past six month)

*** Members of the following Prosthodontic Forum Organizations: AACD, AAED, AAFP, AAID, AAMP, AO, AP, AES, GNYAP, ITI, NGS, PCSP, and SCAD.

<input type="checkbox"/> Member/Fellow*	\$299
<input type="checkbox"/> Non-Member Dentist	\$599
<input type="checkbox"/> Resident Member**	\$100 Supported by a grant from the ACPEF
<input type="checkbox"/> Resident Member (in Fellowship)	\$100
<input type="checkbox"/> Predoctoral Student Alliance Affiliate	\$100
<input type="checkbox"/> Academic Alliance Affiliate	\$299
<input type="checkbox"/> Global Alliance Affiliate	\$299
<input type="checkbox"/> Forum Organization Member***	\$449
<input type="checkbox"/> Dental Technician Alliance Affiliate	\$100
<input type="checkbox"/> Non-Affiliate Dental Technician	\$399
<input type="checkbox"/> Advanced Program & Graduate Student Alliance Affiliate	\$100
<input type="checkbox"/> Dental Assistants, Hygienists, Office Staff	\$100

TOTAL GENERAL REGISTRATION FEES: \$ _____

PART 3 OPTIONAL WORKSHOPS AND EVENTS

Wednesday, Oct. 27		FEE
<input type="checkbox"/>	9:00 A.M. - 3:00 P.M. Predoctoral Educators Conference	No Fee
<input type="checkbox"/>	9:00 A.M. - 3:00 P.M. Postdoctoral Educators Conference	No Fee
Thursday, Oct. 28		
<input type="checkbox"/>	9:00 - 11:00 AM. Journal of Prosthodontics Workshop	No Fee
	11:00 A.M. - 1:00 P.M. Digital Curriculum Users Group	No Fee

NOTE: All times are displayed as Central Standard Time (CST)

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.

- Annual Appeal Donation \$50
- Annual Appeal Donation \$100
- Annual Appeal Donation \$250
- Annual Appeal Donation \$500
- Annual Appeal Donation \$1,000
- Annual Appeal Donation \$2,500

PART 5 PAYMENT

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

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

If paying by mail, send payment and completed form to:

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

Card Number _____ Expiration Date _____

Signature _____

Print Name _____

3 Ways to Register

Web ACP51.com

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

Fax 312-573-1257

By registering for this event, you grant ACP permission to distribute your name and address to all 2021 Annual Session sponsors 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 both pages of your registration form for your records.