



Nov. 2-5, 2022

EARLY REGISTRATION DEADLINE: SEPT. 30, 2022

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	
If you have a disability as defined by the Americans we please check this box and you will be contacted by a		and you require an a	ccommodation,

PART 2 REGISTRATION FEES

Early registration deadline: Sept. 30, 2022. 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: ACP52.com

Fax: 312-573-1257

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

	Before Sept. 30	After Sept. 30†
☐ Member/Fellow*	\$925	\$1075
□ Non-Member Dentist	\$1690	\$1840
□ Resident/Graduate Student Member	\$355	\$505
☐ Predoctoral Student Alliance Affiliate	\$355	\$505
□ Academic Alliance Affiliate	\$685	\$835
□ Global Alliance Affiliate	\$685	\$835
☐ Forum Organization Member**	\$1010	\$1160
☐ Dental Technician Alliance Affiliate	\$465	\$615
□ Non-Affiliate Dental Technician	\$1010	\$1160
□ Advanced Program & Graduate Student Alliance Affiliate	\$355	\$505
□ Dental Assistants, Hygienists, Office Staff	\$355	\$505
□ Guest Registration***	\$125	\$125
Guest Name:		

TOTAL GENERAL REGISTRATION FEES: \$

Continues on page 2

OPTIONAL WORKSHOPS AND EVENTS Wednesday, Nov. 2 FEE TOTAL QTY. 7:00 A.M. - 4:45 P.M. Board Preparation Course \$549 7:00 A.M. - 4:45 P.M. **Board Preparation Course (Non-Members)** \$1025 8:00 A.M. - 12:00 P.M. **Predoctoral Educators Conference** No Fee 8:00 A.M. - 12:00 P.M. **Postdoctoral Educators Conference** No Fee 1:00 - 3:00 P.M. **Digital Curriculum Users Group** No Fee \$100 \$ 6:00 - 8:00 P.M. **Welcome Reception** Friday, Nov. 4 \$ \$45 2:00 - 3:30 P.M. *Journal of Prosthodontics Workshop \$ \$225 7:00 - 9:00 P.M. **Annual Awards & President's Dinner** Saturday, Nov. 5 9:00 - 11:00 A.M. *Hands-On Workshops \$25 \$ 11:00 A.M. - 1:00 P.M. *Lunch & Lecture \$25 \$

PART 3

The full list of current offerings for Hands-On Workshops and Lunch & Lectures is available at ACP52.com. Please contact the Education & Meetings Department via email (education@prosthodontics.org) or by phone (312) 573-126O ahead of sending in your form to reserve your space in one of these limited capacity offerings.

	TOTAL OPTIONAL WORKSHOPS AND EVENTS FEES: \$
PART 4 VOLUNTARY ANNUAL A	PPEAL 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. 30 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	
PAYMENT MUST ACCOMPANY THIS FORM OR YOUR REGISTRATION WILL NOT BE PROCESSED.	GRAND TOTAL FROM PARTS 2, 3 & 4: \$ 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.
On-site registration requires	□ Credit Card: □ American Express □ MasterCard □ VISA
or check will not be accepted.	Card Number Expiration Date
	Signature
	Print Name

By registering for this event, you grant ACP permission to distribute your name and address to all 2022 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 both pages of your registration form for your records.

If you'd like to sponsor a non-prosthodontist dentist, download the sponsored dentist registration form from ACP52.com.

^{*}Capacities are limited.