DIGITAL DENTISTRY: From Application to Integration

Chicago Feb. 20-21, 2018

| PART 1 | REGISTRANT INFOR | RMATION ==== | | | |
|-------------|---|---------------------|--------------------|---|-------------------------|
| Please i | ndicate which breakout ses | sion you would like | e to attend: | | |
| | Novice (Non-Owner) | ☐ Intermed | diate (Owner/User) | Advanced (Ow | vner/Advanced Operator) |
| | | | | | |
| First Nan | ne | | Middle Initial | Last Name | |
| Company | у | | | | |
| Address | Line 1 | | | | |
| Address | Line 2 | | | | |
| City | | | State | Zip | Country |
| Business | Phone | | Fax | | |
| Email (Re | equired - Confirmations will be sen | t via email) | | | |
| PART 2 | REGISTRATION FE | | | | |
| | Members: \$625 Residents/Graduate Students: \$395 Dental Technicians: \$395 Non-Members: \$825 | | | Special Needs - If you have a disability as defined by the American Disabilities Act that requires specineeds, accommodations, or requirements, please of the box and you will be contacted by the ACP. | |
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| PART 3 | METHOD OF PAY | MENT | | | |
| | ☐ Check (Make payable to American College of Prosthodontists) | | | | |
| | VISA 🗖 Maste | erCard 🗖 | American Express | | |
| Card Number | | | Exp. Date | | |
| <u></u> | holder Name | | | | |