

Feb. 18-19, 2020 | Chicago

PART 1 REGISTRANT INFORMATION

First Name	Middle Initial	Last Name	
Company			
Address Line 1			
Address Line 2			
City	State	Zip	Country
Business Phone		Fax	
Email (Required - Confirmations will be sent via email)			

PART 2 REGISTRATION FEES

- Members: \$650**
- Residents/Graduate Students: \$395**
- Dental Technicians: \$395**
- Non-Members: \$850**
- Dentsply Sirona Hands-On Workshop: \$125** *Feb. 18, 8:00 a.m. - 12:00 p.m.*
- Zimmer Biomet Hands-On Workshop: \$125** *Feb. 18, 8:00 a.m. - 12:00 p.m.*
- Special Needs** - If you have a disability as defined by the American Disabilities Act that requires special needs, accommodations, or requirements, please check the box and you will be contacted by the ACP.

PART 3 METHOD OF PAYMENT

- Check (Make payable to American College of Prosthodontists)
- VISA     MasterCard     American Express

Card Number	Exp. Date
Cardholder Name	

Mail or Fax your completed form to:  
American College of Prosthodontists | 211 E. Chicago Avenue, Suite 1000, Chicago, IL 60611  
Phone: 312.573.1260 | Fax: 312.573.1257  
acp@prosthodontics.org