



Academy of Prosthodontics

9th Annual Scientific Session

Chicago, Illinois ■ April 29 - May 3, 2009

Registration Deadline: April 8, 2009

Name: _____ Title: First M. Last _____ First name for name badge _____

Phone: () _____ **Address:** _____

E-Mail: _____

Spouse/Companion Name: _____ Title: First M. Last _____ City _____ State _____ Zip Code _____ Country _____
Provide only if attending social events. Use separate forms if attending meeting.

_____ First name for name badge _____

Registration

- Member Registration \$0
- Non-Member Registration \$495
- Prosthodontic Program Director \$250
- Student (Must be accompanied by a letter from your Program Director verifying enrollment.) \$125
- Lab Technician \$175
- Thursday Only (4/30) \$175
- Friday Only (5/1) \$175
- Saturday Only (5/2) \$175
- Sunday Only (5/3) \$175

Registration Fee _____

Late Fee \$50 _____
(Postmarked after April 8, 2009)

Total Registration Fee _____

Social Events and Meetings

	Quantity	Total
Wednesday, April 29		
Planning Meeting, 2:30 - 4:30 PM (Members) <input type="checkbox"/>	\$0	_____
Welcome Reception and Blatterfein Dinner, 6PM (All are invited) Steak _____ Salmon _____ <small>Sponsored by AstraTech</small>	\$98	_____
Thursday, April 30		
Get Acquainted Breakfast, 7AM (Scientific Session Attendees)	\$45	_____
1st Business Meeting and Luncheon, 1PM - 5PM (Members)	\$50	_____
Chicago Merchandise Mart - tour and lunch, 10:30AM - 3:30 PM	\$50	_____
<small>(For spouses/guests <u>NOT</u> attending the scientific session.)</small>		
Friday, May 1		
Social Outing: Chicago River Architectural Boat Tour & Dinner with the Lions at Lincoln Park Zoo, 2 - 9 PM	\$110	_____
<small>Sponsored by Nobel Biocare USA, Inc. (All are invited)</small>		
Saturday, May 2		
Presidential Reception and Installation Banquet, 6PM (All are invited to this black tie event.)	\$120	_____
Sunday, May 3		
2nd Business Meeting and Luncheon, 1PM - 4:30PM (Members)	\$50	_____

Active/Associate Member social fee deposit (if submitted with annual dues) - subtract \$250 ()

Total Registration and Events \$ _____

We are happy to honor your individual food requests: Vegetarian _____ Kosher _____ Allergies _____

Payments: All payments must be by check or money order in US Dollars made out to: The Academy of Prosthodontics

Refund Policy: Refunds must be requested and received in writing by April 15, 2009. Refunds will be less a \$75 administrative fee. No refunds will be provided for requests received after April 15, 2009.

Mail with Payment To: The Academy of Prosthodontics
 Dr. Steven Eckert
 2940 Stonegate Ct. SW
 Rochester, MN 55902