



Application for Use of the Glossary of Prosthodontic Terms, Ed 9.

Please complete all requested information and return the completed and signed form to the address at the bottom of the form. After review of your application, you will be contacted as to how to access the Glossary for your use.

Your Name: _____

Address (Office): _____

e-mail: _____

Telephone: (____) _____ - _____ Ext: _____

Organization Name: _____

Organization Address: _____

e-mail or web site: _____

Organization Telephone: (____) _____ - _____ Ext: _____

Proposed Use of GPT 9 (please be specific. If additional space is required, please attach an addendum):

Will use of GPT 9 be in conjunction with a saleable item (textbook, DVD, other)? Yes No

(If yes, the Academy of Prosthodontics reserves the right to request annual funding from profits received from saleable item. The amount of this funding will be determined by the Academy).

Length of time requested for use of the GPT : Proposed start date: ____/____/____

Proposed end date: ____/____/____

Signature of Individual Submitting Request: _____ **Date:** _____

Return Completed Application to:
Secretary, the Academy of Prosthodontics
4425 Cass Street, Suite A
San Diego, CA 92109
AP@res-inc.com