

MEMBERSHIP REFERRAL OFFER

Current CPS Members: Refer a Friend to CPS!

If you refer a friend who becomes a full year paid member this year, you will receive \$50 off your membership for the next year!

New Member* _____

Who do we thank for this referral? _____

*New member include this page with your registration



I am a Dentist _____, Laboratory Technician _____, Dental Assistant _____, Dental Hygienist _____

Enclosed is my check for \$525.00 (\$585.00 after **August 14, 2016**) for a **NON-TRANSFERABLE MEMBERSHIP** in the Colorado Prosthodontic Society which includes 6 meetings and three course catered lunches.



Enclosed is my check for **\$225 for one seminar only**. Speaker: _____

Date: _____ If registering less than 7 days prior to meeting, \$280.00



I am a Dentist and will bring with me _____ (#) team members(s) x \$95/person (\$125/person after November 14, 2016) to the March 6, 2017 seminar. Team member names: _____ / _____ / _____ (x\$95 or \$125 per)

NAME _____ **PHONE** (_____) _____

ADDRESS _____

CITY, STATE, ZIP _____ ***Required: Email** _____

YEAR OF DENTAL SCHOOL GRADUATION _____

Check if address is new or has changed since last year. Colorado Prosthodontic Society is now a non-profit organization accepting donations for charitable dental programs. If you are interested in donating, please speak to a CPS officer.

*Tear off at perforation and mail with membership fee. *For seminar handouts and announcements.*

Make checks payable to:

Colorado Prosthodontic Society
and mail with this registration form to:

Colorado Prosthodontic Society
PO Box 462283
Aurora, CO 80046-2283

OR

Register on the Internet at

www.coloradoprosthodonticsociety.org

If registering and paying by credit card please fill in the information below:

Visa MasterCard

Signature _____

Card# _____

Exp. _____ Date _____

REGISTRATION