

I am a Dentist \_\_\_ Laboratory Technician \_\_\_  
Enclosed is my check for \$250.00 for a **NON-TRANSFERABLE MEMBERSHIP** in the Colorado Prosthodontic Society.

Enclosed is my check for **\$50 for one seminar only**. Speaker: \_\_\_\_\_ Date: \_\_\_\_\_.

**NAME** \_\_\_\_\_ **PHONE** ( \_\_\_\_\_ ) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_ **\*Required: Email** \_\_\_\_\_

**YEAR OF DENTAL SCHOOL GRADUATION** \_\_\_\_\_

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 CP's officer.

Check if address is new or has changed since last year. *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 1236  
Parker, CO 80134

OR

Register on the Internet at  
[www.coloradoprosthodonticsociety.org](http://www.coloradoprosthodonticsociety.org)

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

Visa  MasterCard

Signature \_\_\_\_\_

Card# \_\_\_\_\_

Exp. \_\_\_\_\_ Date \_\_\_\_\_

# REGISTRATION