

Tear off at perforation and mail with membership fee.

## REGISTRATION 2021-2022

I am a Dentist \_\_\_\_\_ Staff \_\_\_\_\_

Enclosed is my check for \$649.00 for a non-transferrable membership in the Colorado Prosthodontic Society

Enclosed is my check for one seminar only: **\$139** for staff OR **\$225** for doctors  
Speaker \_\_\_\_\_ Date \_\_\_\_\_

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

\* 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 online 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 \_\_\_\_\_