

REGISTRATION 2022-2023

I am a Dentist _____ Staff _____

Enclosed is my check for \$682 for a non-transferrable membership in the Colorado Prosthodontic Society

Enclosed is my check for ONE seminar only: \$145 for staff OR \$236 for doctors

Seminar Date: _____ Speaker: _____

NAME _____ PHONE () _____

ADDRESS _____

CITY, STATE, ZIP _____

*REQUIRED EMAIL _____

YEAR OF DENTAL SCHOOL GRADUATION _____

If ADDRESS is new/changed since last year If EMAIL is new/ 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

P.O. Box 3461, Boulder, CO 80307

OR

Register online at:

www.coloradoprosthodonticsociety.org

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

Card

Exp. Date: _____

Signature _____