

# REGISTRATION 2024-2025

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

Enclosed is my check for \$830 (before 8/15) or \$900 (after 8/15) for a non-transferrable membership in the Colorado Prosthodontic Society

Enclosed is my check for ONE seminar only: \$177 for staff \ \$286 for doctors (7+ days prior to seminar) or \$210 for staff \ \$350 for doctors (<7 days prior to seminar)

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 3467, Boulder, CO 80307

**OR**

## Register online at:

[www.coloradoprosthodonticsociety.org](http://www.coloradoprosthodonticsociety.org)

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

Card

# \_\_\_\_\_

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

Signature \_\_\_\_\_