



CSPD 2019 Annual Meeting Onsite Registration Form

Registrant Information: _____

Name _____ Title _____

Street Address _____

City _____ ST _____ Zip _____

Telephone: _____ Email: _____

Registration Fees (check all that apply): _____

Full Conference: Admission to all lectures, scientific sessions and exhibits. Applicable Continuing Education Units (CEU). Conference related meals: Welcome Reception, Saturday's President's Magical Cocktail Hour, continental breakfasts, daily breaks and Saturday's CSPD/WSPD Luncheon.

- \$710 – CSPD/WSPD Member
- \$915 – Non-Member Dentist and Health Care Professional (Includes International)
- \$200 – CSPD Life Retired/Retired

Limited Conference (Auxiliary/Staff):

Auxiliary/Staff: Admission to all lectures, scientific sessions and exhibits. Applicable Continuing Education Units (CEU). Conference related meals include: welcome reception, breakfasts and daily breaks. Saturday's evening event & Saturday's Lunch tickets may be purchased for an additional fee.

- \$375 – Auxiliary & Staff

Post-Doctoral Residents: Admission to all lectures, scientific sessions, and exhibits. Applicable Continuing Education Units (CEU). Conference related meals: Welcome Reception, Saturday's President's Magical Cocktail Hour, continental breakfasts, daily breaks and Saturday's CSPD/WSPD Luncheon.

- \$75– Post-Doctoral Resident Member
- \$225– Non-Member Resident WSPD
- \$350 – International Students

**Registration Fee is contingent upon CSPD Board subsidy which requires postdoctoral student to provide four (4) hours volunteer commitment during the Annual Meeting.*

Single Tickets

- \$395 Friday (Sedation Course)
- \$295 Saturday (Saturday Lecture)
- \$225 Sunday (Posters & Sunday Lecture)

Complete Social/Food Access for Guest(s):

- \$375 – Spouse & Guests (13 years +)

Additional Booth Personnel

- \$200

Meals/Additional Tickets:

- \$75 – Adult Welcome Reception
- \$75 – CSPD/WSPD Lunch (Adult)
- \$135 – Sat. Event (Adult)
- \$45 – Child Welcome Reception
- \$45 – CSPD/WSPD Lunch (Child)
- \$85 – Sat. Event (Child)

Payment Information: _____

Payment must accompany registration form for processing. Payment enclosed in the amount of =

Total \$

Payment Option: Check # _____ or MasterCard/Visa/American Express

Credit Card Number: _____ Exp. Date: _____ CVC: _____

Full Billing Address: _____

Name on Card: _____ Authorized Signature: _____