

AAMP REGISTRATION FORM - 2009 San Diego, CA USA

Please register online @ www.maxillofacialprosth.org. If unable to register online, please fill out and fax form to RES Seminars (858) 272-7687
 To ensure registration is legible via fax, please type or print information very clearly and with large characters.

Name: _____
 First (Given Name) Last (Family Name) Title/s

Address: _____ Tel: () _____
 University/Hospital/Company Department (please include Country Code)

Street Address Suite # Fax: () _____

City State/Province Zip Code/Postal Code Country E-mail: _____
 (required for payment receipt)

Registration Fees

	Prior to July 31, 2009	After July 31, 2009	After October 24, 2009
AAMP Member	\$395	\$495	\$550
*AAMP Student Member	\$0	\$0	\$0
AAMP Life Member (Fully Retired)	\$115	\$130	\$150
Non-Member	\$595	\$695	\$750
Technician/Allied Professional	\$400	\$500	\$555
ACP Member	\$445	\$545	\$600

Fee Totals

\$ _____

Includes: Literature, Sunday Lunch, Breaks, Poster Session & Exhibit Reception

*Must be an AAMP Student Member in order to qualify for this category. To become a member, please visit the AAMP web site and fill out an application form: www.maxillofacialprosth.org

Guest/s For accompanying guest/s \$185/Adult x _____ Guest/s Name _____

Fee Includes: Hospitality Continental Breakfasts, Poster Session & Exhibit Reception

\$ _____

Social Activities Please mark number of attending each social activity in the boxes provided below

World Famous San Diego Zoo Tour and Dinner Outing \$133/adult; \$52/child (3-11) 15:45 - 19:30 Sunday, November 1st, 2009		AAMP Big Band Reception & Banquet \$98/person 19:00 - 21:30 Monday, November 2nd, 2009	
# of adults x \$133		# of people x \$98	
# of children x \$52		\$125 after October 23rd	

\$ _____

AAMP Workshops

14:00 - 16:00 Monday, Nov. 2nd, 2009	Insurance Workshop	\$100 x _____ (\$125 After Oct. 23rd, 2009)
13:30 - 16:30 Tuesday, Nov. 3rd, 2009	CE Workshop: Achieving a True Digital 3D Treatment/Surgical Planning Protocol in a Busy Team Environment	\$125 x _____ (\$160 After Oct. 23rd, 2009)

\$ _____

ACP CE Workshops: Wednesday, Nov 4th, 2009

07:00 - 16:00	Board Preparation Course	\$175 x _____
09:00 - 12:00	Prosthodontic Diagnostic Index™ (PDI™) - Beginner User	\$35 x _____
13:00 - 16:00	Prosthodontic Diagnostic Index™ (PDI™) - Intermediate User	\$35 x _____
13:00 - 17:00	Writers Workshop	\$35 x _____

\$ _____

Optional Fees

Elective Activities Please mark number of attending each elective activity in the boxes provided below

A day of Gallivanting in La Jolla \$20 /person (09:30 - 14:00 Sunday, November 1st, 2009)		San Diego Trolley Car Tour \$52 /person (09:30 - 12:30 Monday, November 2nd, 2009)	
# of people x \$20		# of people x \$52	

\$ _____

Preferred method of registration... Register on-line at: www.maxillofacialprosth.org/SanDiego

\$

Total Fees

Payment

Checks **Payable in US dollars to AAMP/Maxillofacial Conference**

(please mail check and registration form to RES Seminars 4425 Cass St. Suite A, San Diego, CA 92109 USA)

Visa/Master Card accepted. Card# _____ CVV Code _____ Exp. Date _____ / _____
 (3 digit # on back of card) month/year

Authorized Signature _____ Date _____

Please fax Registration Form to RES Seminars at 1-(858) 272-7687

Refund Policy: Requests in writing prior to October 1, 2009, fees will be refunded less \$75 administration fee. No refunds after October 1, 2009

Accommodations: Contact the **The Westin San Diego, Tel (619) 239-4500** for room reservations