

REGISTRATION FORM

FLORIDA PROSTHODONTIC ASSOCIATION

JULY 26-28, 2019

ROSEN SHINGLE CREEK • ORLANDO

Register Online at thefpa.org

Fax Your Form to 407-895-9712, or email to floridafpa@gmail.com

Dentist Name: _____ Email: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

I am attending the following:

____ Friday Afternoon ____ Friday Welcome Reception* ____ Saturday Session ____ Saturday Evening Dinner ____ Sunday Session

* FPA Members, spouses,
vendors, and speakers only

FPA Members — No Charge

Saturday Evening Dinner — \$99 per Person

FPA Life Members — \$100

Lab Technicians — \$275

ACP Members — \$395

Non-Members: Prosthodontists/Dentist/Specialist — \$500

Residents — \$60

• I am a _____ Year Resident at _____

Dental Team Member(s) Auxiliaries (Hygienists and Dental Assistants) — \$85 per Team Member

Dentists and Lab Techs cannot register as an auxiliary

Name: _____ Designation: _____

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If paying by credit card, please register online or call Sharon at 770-329-8026.

If paying by check, please mail to:

FPA

1500 Gay Road, 3B

Winter Park, FL 32789

LOOKING FORWARD TO SEEING EVERYONE!