

D O C T O R / S P O U S E / G U E S T R E G I S T R A T I O N F O R M

Colorado Summer Orthodontic Meeting – June 25-27, 2010 – Hotel Colorado, Glenwood Springs, Colorado
Please print legibly or type all information below. Keep a copy of this form for your records.

First name _____ Last name _____
 Address _____
 City _____ State _____ Postal code _____
 Office phone (_____) _____ Fax (_____) _____
 Email _____

Reservations at
Hotel Colorado
970-945-6511
 Call before June 2 to
 ensure availability
 Be sure to mention
**Colorado Summer
 Orthodontic Meeting**

Please check the appropriate option below.

- Colorado Summer Orthodontic Meeting Member Not a member of Colorado Summer Orthodontic Meeting

SPONSORSHIP

CSOM members that sponsor a new doctor non-member registrant are eligible for a \$45 registration discount. If you are a non-member and were sponsored by a CSOM Member, please let us know who we can thank for your participation. If you sponsored a new doctor registrant, please include the name of your sponsoree and apply the discount to the appropriate fee below.

Sponsor/Sponsoree Name _____

DOCTOR REGISTRATION

Doctor Registration includes admission to daily education lectures, breakfasts and refreshment breaks. Ticket(s) for the Friday Dinner may be purchased optionally below.

Check one option below:	On/before May 1	After May 1	Total Amount Due
<input type="checkbox"/> CSM Member	\$580.....	\$680.....	\$ _____
<input type="checkbox"/> Non-Member	\$680.....	\$780.....	\$ _____
<input type="checkbox"/> Orthodontic Faculty*	\$430.....	\$530.....	\$ _____
<input type="checkbox"/> Orthodontic Student**	\$280.....	\$380.....	\$ _____
<input type="checkbox"/> Recent Graduate**	\$280.....	\$380.....	\$ _____

*Orthodontic Faculty must be a full-time faculty member at an accredited orthodontic program.

**Orthodontic Student or Recent Graduate registrants must be currently enrolled in or have graduated in 2008 or 2009 from an ADA accredited residency training program.

SPOUSE/GUEST REGISTRATION

Registration for non-orthodontic Spouse/Guest includes admission to three breakfasts. Ticket(s) for the Saturday Dinner may be purchased optionally below.

First name _____ Last name _____ \$100 each \$ _____
 First name _____ Last name _____ \$100 each \$ _____
 First name _____ Last name _____ \$100 each \$ _____

OPTIONAL EVENTS

Interested in Fly Fishing, June 24th..... Yes, I am interested in fly fishing.
 Please contact me with more information.

Glenwood Adventure Park, Saturday, June 26th # _____ at \$25 each \$ _____
 Children under 5 # _____ No Charge

TOTAL AMOUNT DUE \$ _____

Register online with your Visa or Mastercard at ColoradoSummerMeeting.org

Method of Payment: Visa Mastercard Enclosed: Registration form & check (payable to Colorado Summer Orthodontic Meeting)

Credit Card Number _____ Exp. Date _____ / _____

Cardholder Name _____

Cardholder Signature _____

All cancellations must be submitted in writing and received at the Colorado Summer Orthodontic Meeting office no later than May 21, 2010. No refunds will be granted for cancellations after May 21st and for no shows.

Please send registration:

Colorado Summer Orthodontic Meeting, Danette Garlock
 6000 East Evans Avenue #3-205, Denver, CO 80222
 Phone 303-758-9611, Fax 303-758-9616, csom@acemgmt.com

For CSOM Use
 Date _____ Paid \$ _____
 Ck# _____ MTK _____