

# The Greater New York Academy Of Prosthodontics Fall Meeting

## December 4 & December 5, 2009

Please only one registrant per form.  
Please type or print clearly.

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree (s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Specialty \_\_\_\_\_

**DEADLINE FOR  
PRE-REGISTRATION IS  
NOVEMBER 20, 2009**

No pre-registration forms will be processed after this date. After November 20<sup>th</sup>, those wanting to attend the meeting must register on site. **PLEASE REGISTER EARLY.** Registrations received after November 20<sup>th</sup> are subject to space availability. **Inquiries:** call Sonia Oliveira, GNYAP Meeting Assistant at (201) 440-6522.

### Scientific Meeting Registration

	PRE-REGISTERED BY November 20, 2009	Registration at Session	Amount
<b>PLEASE CHECK ONE:</b>			
<input type="checkbox"/> Life Fellows of GNYAP (Friday/Saturday Lunches Included).....	\$465	\$490	_____
<input type="checkbox"/> Guests (Friday/Saturday Lunches Included).....	\$725	\$750	_____
<input type="checkbox"/> Guests (No Lunch Friday/Saturday) * .....	\$495	\$520	_____
<input type="checkbox"/> Recent Graduates of Post-Graduate Prosthodontic Programs..... (Friday/Saturday Lunches Included)	\$600	\$625	_____
(2005–2009) Date of Graduation: _____ Graduate from: _____			
<input type="checkbox"/> Students      School: _____	\$215	\$240	_____

\* **Any Guest or Recent Grad attending at this rate will not have lunch included with their admission!**

### Events (check box if you will attend)

#### MARTIN KANTOR SEMINAR      THURSDAY, DECEMBER 3, 2009

New York University College of Dentistry @ 12:45 p.m.      .....N/C

Students and Recent Graduates (within five years, 2005-09) only.      .....N/C

**BUSINESS MEETING** (Members only)      .....N/C

**THURSDAY EVENING DINNER**      \$165 per person x \_\_\_\_\_ persons ..... \$ \_\_\_\_\_

(Union League Club, 38 East 37th Street @ 7 p.m.)

Invitation Only: GNYAP Members, Speakers/Sponsors and their spouse/guest(s)

**SATURDAY EVENING DINNER MEETING**      \$295 per person x \_\_\_\_\_ persons ..... \$ \_\_\_\_\_

(Central Park Boathouse, East 72<sup>nd</sup> Street & Park Drive North @ 7 p.m.)

\_\_\_\_\_  
(Print the name of your guest(s) for the Dinner Meeting )

\_\_\_\_\_  
(Print your seating preferences for the Dinner Meeting )

TOTAL AMOUNT: \$ \_\_\_\_\_

**Special Meal Requirements:**       Kosher (Please indicate one or both days for Kosher meal by placing a 1 or a 2 in the box)

Vegetarian       Allergic to \_\_\_\_\_

#### METHOD OF PAYMENT:

Please make your check payable to the GNYAP FOUNDATION in US funds and mail or fax top copy to: The Greater New York Academy of Prosthodontics, 426 Hudson St., Hackensack, NJ 07601. Fax (201) 440-7963.

or       MasterCard       Visa

Card Number \_\_\_\_\_ Expires \_\_\_\_\_ Signature \_\_\_\_\_

*For additional copies of brochure or questions please contact Ms. Sonia Oliveira at (201) 440-6522. Please retain yellow copy for your record.*