

***** EARLY Registration Form *****

Southwest Society of Periodontists Winter Meeting

February 10-12, 2012

Online registration by credit card payment is available at

www.regonline.com/SWSP-February-2012

Must Register Online or be Postmarked by January 12, 2012 to Qualify for Early Registration Fee

(Please Check Only One)

	Early Registration	Late Registration
SWSP Members	<input type="checkbox"/> \$160	<input type="checkbox"/> \$185
SWSP Student Members	<input type="checkbox"/> \$ -0- (for Early Reg. Only)	<input type="checkbox"/> \$85
Non-Member Periodontist	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
General Dentist	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
Non-Perio. Grad. Students	<input type="checkbox"/> \$165	<input type="checkbox"/> \$190
<i>(Include letter from Program Director with Documentation of Program)</i>		
Dental Hygienist	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160
Dental Assistant	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160
Office Staff	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160
“Sponsorship” Guest	<input type="checkbox"/> \$ -0- <i>(Available for Early-Reg. Only)</i>	Invited by: _____

(A separate Registration Form is required and must be submitted with the SWSP Member’s Registration Form. This category is available only for the first meeting attended by a Potential New Active Member Periodontist who will be attending the meeting with a SWSP Member.)

TOTAL AMOUNT PAID \$ _____

If you do not wish to register online, please send your registration form and check made payable to SWSP to:

Post Office Box 458
McQueeney, TX 78123-0458
(830) 557-4123

Certificate for 11 Hours of Continuing Education Provided at the Meeting

Please include registrant’s name on check when registering with office or university check.

Please type or print name (without degrees) as you would like for name to appear on your badge.

NAME _____

Does the following information reflect a change to your SWSP member information? Yes No

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

TELEPHONE (____) _____ FAX (____) _____ E-MAIL _____

ARE YOU STAYING at the Dallas Marriott Las Colinas Hotel in Irving? Yes No

A SEPARATE REGISTRATION FORM IS REQUIRED FOR EACH PERSON ATTENDING THE MEETING

Note: Officers, Board Members and Committee Chairs please complete the remainder of the form.

