

*** EARLY Registration Form ***

Southwest Society of Periodontists Summer Meeting

July 23-25, 2010

Online registration by credit card is available at www.regonline.com/swsp-july-2010

Must Register Online or be Postmarked by June 25, 2010 to Qualify for Early Registration Fee

(Please Check Only One)

Table with 2 columns: Early-Registration and Late Registration. Rows include SWSP Members, SWSP Student Members, Non-Member Periodontist, General Dentist, Non-Perio. Grad. Students, Dental Hygienist, Dental Assistant, Office Staff, and "Sponsorship" Guest.

(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 mail your registration form and check made payable to SWSP to:

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

Refund Information: Refund of registration fee is available if request is received in writing at least seven (7) business days prior to the start of the meeting either by email to swsp@satx.rr.com or mailed to above SWSP address.

Certificate for 10 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 Westin La Cantera Resort in San Antonio? [] 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.

Officers, Board Members and Committee Chairs Only

Numbers in attendance for food functions are guaranteed based on the information provided on the registration forms. Please help us plan for the correct number of people at these meetings by completing the information below. Thank you for your help.

Officer/Board Member *Committee Chair*

Will attend Friday, July 23, 2010 Board Dinner Meeting (5:00 PM)

Will attend Sunday, July 25, 2010 Board Breakfast Meeting (7:30 AM)

If you have special dietary needs, please list below.

NAME _____
(Please Type or Print Name)
