DOCTOR / SPOUSE / GUEST PRE-REGISTRATION FORM

PLEASE PRINT OR TYPE

Rocky Mountain Society of Orthodontists
Constituent
American Association of Orthodontists

91ST ANNUAL MEETING

FEBRUARY 16-17, 2012
SALT PALACE CONVENTION CENTER
SALT LAKE CITY, UTAH

First Name, Initial, Last Name

Spouse/Guest (Only complete if registering & paying fee noted below)

Address

City State Zip

( ) Office Phone

Email Address – *Registration confirmations will be sent via email*

REGISTRATION CATEGORIES	FEE	TOTAL $
Constituent Society Membership _____		
❑ **A.A.O. Active, Affiliate and Orthodontists residing outside the U.S. who are members of a recognized orthodontic organization**	$175.00	$ _____
❑ **RMSO Formal applicant only** – First year out of orthodontic training	No Cost	$ - 0 -
❑ **RMSO Formal applicant** – Second and third year out of orthodontic training	$125.00	$ _____
❑ **Full-time orthodontic graduate students**	$100.00	$ _____
❑ **Spouse/Guest**	$125.00	$ _____
❑ **All others** (dentists & paraprofessionals)	$400.00	$ _____
❑ **Retired Member**	$25.00	$ _____
❑ **Add late registration fee if postmarked after January 15, 2012**	$50.00	$ _____

ALL OF THE REGISTRATION CATEGORIES ABOVE INCLUDE THE FOLLOWING ACTIVITIES:
Breakfast on Thursday and Friday – Lunch on Thursday; Admission to all educational programs.

RMSO FOUNDATION $10 CONTRIBUTION

❑ Yes, I would like to contribute $10 to the Foundation ❑ No – Thank You ..... $ _____

❑ Opal Orthodontics Reception/Facility Tour/Dinner # Attending _____ $ - 0 -

❑ RMSO Annual Business Meeting Lunch, Thursday, February 16, 2012 Attending ❑ Yes ❑ No

❑ Attending one of the following component meetings Friday, February 17, 2012:
(Must be a member of the component to attend)

- ❑ Utah Association of Orthodontists
- ❑ Montana Association of Orthodontists
- ❑ Wyoming Association of Orthodontists

You may also register online at www.rmso.org

TOTAL DUE $ _____

RMSO ACCEPTS MASTERCARD & VISA

METHOD OF PAYMENT:

❑ Visa ❑ MasterCard ❑ Check Enclosed *(Registration form and check made payable to RMSO)*

Credit Card Number:_____

Exp. Date: _____ Cardholder Name: _____

Cardholder Signature: _____

PLEASE SEND YOUR REGISTRATION FORM AND CHECK MADE OUT TO RMSO

To: Rocky Mountain Society of Orthodontists
6000 E. Evans, Suite 3-205
Denver, Colorado 80222
303/758-9611 • Fax 303/758-9616

(PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS)