STAFF PRE-REGISTRATION FORM

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION BELOW • COMPLETE ONE FORM FOR EACH REGISTRANT

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

You may also register online at www.rmso.org

First Name _____ Last Name _____

Doctor's Name _____

Address _____

City _____ State _____ Zip _____

( ) _____ ( ) _____

Office Phone _____ Fax _____

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

REGISTRATION INCLUDES THE FOLLOWING ACTIVITIES:
Breakfast on Thurday – Lunch on Thursday; Admission to all Thursday educational programs.

❑ **STAFF REGISTRATION** ..... $60.00 $ _____

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

❑ ***Add $25 if your registration is postmarked after January 15, 2012*** ..... $ _____

Total $ _____

RMSO ACCEPTS MASTERCARD & VISA

Add $25 if your registration is postmarked after January 15, 2012

Please make your payment on or before January 15, 2012.

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)