



**California Society of Periodontists
2012 Annual Meeting Registration Form
April 20 - 22, 2012**

Registration Information:			
Name:	Suffix:	Nickname:	
Address:		Ste:	
City:	State:	Zip Code:	
Phone:	Cell (optional):		
Email:			
Spouse/Guest/Staff Name (if applicable):			
REGISTRATION FEES (registration includes meals – am/pm break & lunch)	FEE	QTY	TOTAL
2 Day CSP Member (Sat-Sun) with Drs. Weigl & Reed	\$395		
2 Day CSP Member (Sat-Sun) with Drs. Weigl & Hatcher, A. Curley, Esq.	\$365		
1 Day CSP Member with Dr. Weigl Sat <input type="checkbox"/> or Dr. Reed Sun <input type="checkbox"/> please check box	\$295		
1/2 Day CSP Member Sunday with Dr. Hatcher & A. Curley, Esq.	\$225		
2 Day CSP Member Student	\$115		
2 Day Non-CSP Member (Sat-Sun) with Drs. Weigl & Reed *	\$640		
1 Day Non-CSP Member Dr. Weigl Sat <input type="checkbox"/> or Dr. Reed Sun <input type="checkbox"/> please check box	\$475		
1/2 Day Non-CSP Member Sunday with Dr. Hatcher & A. Curley, Esq.	\$350		
2 Day Auxiliaries (Sat-Sun) with Dr. Weigl & Reed or Hatcher, A. Curley	\$200		
1 Day Auxiliaries Saturday <input type="checkbox"/> or Sunday <input type="checkbox"/> please check box where applicable	\$135		
Spouse/Guest Name: (am/pm break & lunch – no lecture)	\$60		
REGISTRATION FEES – SOCIAL EVENTS	Fee	QTY	TOTAL
FRIDAY APRIL 20, 2012			
President's Reception	N/C		N/C
SATURDAY APRIL 21, 2012			
Guest Award's Luncheon (only applies to guests not registered for the meeting)	\$50		
President's Dinner CA State Railroad Museum	\$135		
* Includes 1 year Introductory CSP Membership			
Total Enclosed \$			
Registrations received prior to 12/31/11 will receive a \$25.00 discount off total registration fees. Students are not eligible for early registration discount.			
Please make check payable to California Society of Periodontists or to pay by credit card please fill out the information below. We accept American Express, Discover, Visa and MasterCard (all c.c. information must be complete)			
Name on card:			
Credit Card#:			
Expiration Date:	CVV #:		
	<small>(3-digit # on back of Visa/MasterCard/Discover)</small>		
	<small>(4-digit # on front of American Express)</small>		
Billing address and zip code:			
Authorized signature:			

Please return this form to: California Society of Periodontists, P.O. Box 7875, Norco, CA 92860
(951) 371-4321 Office (951) 371-7055 Fax

Please contact Laura Purcell at (951) 371-4321 or laura@calperio.org regarding CSP's cancellation policy and/or questions regarding the 2012 CSP Annual Meeting.