






California Society of Periodontists 2024 Annual Meeting Registration Form

INFORMATION			
Name:		Nickname:	
Address:		Apt or Suite #:	
City:	State:	Zip Code:	
Cellphone:		License #:	
Email:			
REGISTRATION			
Registration fee includes breakfast, breaks, general session and access to exhibits. Winter special ends on February 29, 2024			
CATEGORY <input type="checkbox"/> CSP Member <input type="checkbox"/> Non-CSP Member Periodontist <input type="checkbox"/> General Dentist <input type="checkbox"/> Auxiliary			Early Fee
<input type="checkbox"/> 3-day	3-day (Friday-Sunday) registration. Full fee: \$540 Winter Special fee \$510		\$
<input type="checkbox"/> 2-day	2-day (Fri-Sat or Sat-Sun) registration. Full fee: \$450 Winter Special fee \$420		\$
<input type="checkbox"/> 1-day	1-day (Fri or Sat or Sun) registration. Full fee: \$275 Winter Special fee \$245		\$
<input type="checkbox"/> Member Bundle	2024 membership* + 3-day registration. Active: \$940 Academic: \$665		\$
<input type="checkbox"/> General Dentist	General dentist may select (1-day, 2-day or 3-day) options above plus \$25.00		\$
<input type="checkbox"/> Non-Member	Non-Member periodontist may select (1-day, 2-day or 3-day) options above plus \$180.00		\$
<input type="checkbox"/> Auxiliary	3-day (Fri-Sun): \$75 2-day (Fri-Sat or Sat-Sun): \$55 1-day (Fri or Sat or Sun): \$35		\$
<input type="checkbox"/> New Member	New membership** + 3-day registration: \$750		\$
Selections	2-day please select: <input type="checkbox"/> Fri-Sat or <input type="checkbox"/> Sat-Sun 1-day please select: <input type="checkbox"/> Fri or <input type="checkbox"/> Sat or <input type="checkbox"/> Sun		
TOTAL ENCLOSED			\$
* Membership bundle offer includes early bird registration discount + reduced membership dues - total savings \$170. Member bundle offer ends on 1/30/24. ** New Member offer is eligible to new CSP members only.			
Please make check payable to California Society of Periodontists or to pay by credit card    , please complete the following:			
Name on card:			
Credit Card #: - - -			
Expiration Date:		Security Code (3 digit back of Visa/MC or 4 digit front of AE):	
Billing Address (Include Zip Code):			
Signature:		Date:	

Mail completed form & payment to: California Society of Periodontists, P.O. Box 7875, Norco, CA 92860
☎: 951-371-4321 | ✉: meetings@calperio.org | 📠: 951-371-7055

To register online go to <https://tinyurl.com/CSP24AMREG>

Hotel reservations are not included with registration. The event will be held at [Tenaya Lodge at Yosemite](#).
Group options (nightly): Standard Room: \$269 | Cottage \$289 | Premium Cabin \$599
\$20 nightly resort fee and applicable taxes will be added to hotel stay.

The California Society of Periodontists is a licensed continuing education provider with the State of California. Cancellation Policy: Written notice is required. No refund will be issued for cancellations received within 10 days of the event.