

# 2009 WESTOP Annual Meeting

## September 13-15, 2009

### Westlake Village, California

### Registration Form

Please print all information clearly. Thank you!

Participant Name: \_\_\_\_\_ (as it should appear on your badge)

Title: \_\_\_\_\_ (DDS, DMD, etc.)      School/Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone #: Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Guest Name(s) (spouse, children, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PARTICIPANT EVENT DESCRIPTION	EVENT PRICE		AMOUNT
<b>Meeting Registration Fee - <u>Must be paid by ALL WESTOP Meeting Attendees!</u> -</b> Includes WESTOP Welcome Reception, Scientific Session and Annual Case Exchange (with CE credit certificates), and Meeting Breakfast on Monday and Tuesday mornings.	\$200		
GUEST EVENT DESCRIPTION	EVENT PRICE	# of Guests	
<b>Welcome Reception</b> - Must be paid by all Guests attending the Reception.	\$45		
<b>Optional Guest Breakfast Package, per guest</b> - Includes enhanced continental breakfast with the meeting attendees on <b>both</b> Monday and Tuesday mornings.	\$80		
<b>Registration Deadlines and Late Fees:</b> A \$25 late fee will be added for registrations made after August 14, 2009. No registrations will be accepted after September 4, 2009. <b>Refund policy:</b> The fee, less a \$25 administration cost, will be refunded if the meeting organizer is notified in writing of the cancellation prior to August 21, 2009, provided that meeting attendance quota has been met. No refunds will be issued after August 21, 2009.	<b>TOTAL DUE</b>		

**The deadline to reserve your hotel room at the advertised WESTOP meeting rate is Friday, August 14, 2009.** After this date rooms may be reserved on a space available basis at the prevailing rates. Please contact the *Four Seasons Hotel Westlake Village* directly at (818) 575-3000 to make your hotel reservation. Remember to indicate that you are with the 2009 WESTOP Meeting!

**Your payment must accompany this form.** Please make all checks payable in U.S. funds to *Loma Linda University School of Dentistry*. Please write "WESTOP" on the memo line. Mail the registration form and payment to:

Susan D. Richards, D.D.S.  
 Loma Linda University School of Dentistry  
 Department of Oral Diagnosis, Radiology, and Pathology  
 Loma Linda, CA 92350 USA

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 Phone: (909)558-4602

*Please keep a copy of this form for your files.*