

The Greater New York Academy of Prosthodontics Fall Meeting

December 5th & 6th, 2025

Please only one registrant per form.

Please type or print clearly.

Date _____

Dr. _____ Mrs. _____ Ms. _____ Mr. _____ **Must check one**

First Name _____ Last Name _____ Degree (s) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____ Specialty _____

DEADLINE FOR PRE-REGISTRATION IS November 21, 2025

No pre-registration forms will be processed after this date. After November 21st, 2025, those wanting to attend the meeting must pay the late registration fee. After November 21st all registrations will need to be done on-site at in person at the meeting.

PLEASE REGISTER EARLY.

Registrations received after November 21st are subject to space availability.

Inquiries: call Cindy Sabella,
GNYAP Meeting Assistant at
(201) 440-6522.

E-mail us at: amt.gnyap@gmail.com

Scientific Meeting Registration

Luncheons are included in the registration fee

ALL PRICES INCLUDE A 3% CREDIT CARD PROCESSING FEE

PLEASE CHECK ONE:

☐ Life Fellows & Retired Fellows of GNYAP.....

☐ Guests

☐ Guests (No Lunches Included) *

☐ Recent Graduates of Post-Graduate Prosthodontic Program

(2023-2025) Date of Graduation: _____

Graduated from: _____

☐ Recent Graduates (No lunches included) *

☐ Students School: _____

☐ Students (No lunches included) *

Special Meal Requirements: ☐ **Kosher** (Please indicate one or both days for Kosher meal by placing a 1 or a 2 in the box)

☐ **Vegetarian** ☐ **Allergic to** _____

* **These registrations DO NOT include lunch.**

Events (check box if you will attend)

MARTIN KANTOR SEMINAR THURSDAY, December 4, 2025 Harmonie Club, 4 East 60th St, NYC @ 8:45 AM

Students and Recent Graduates (within three years, 2023-2025) only.

☐ N/C

BUSINESS MEETING (Members only) December 4, 2025 (Harmonie Club, 4 East 60th St., New York)

☐ N/C @ 8:45 AM

AFTERNOON PRESENTATIONS December 4, 2025 (Harmonie Club, 4 East 60th St., New York)

☐ N/C @ 1:00 PM

THURSDAY EVENING DINNER December 4, 2025

\$285.00 per person x _____ persons

☐ **Total \$** _____

(Columbus Club, 8 East 69th St., NYC @ 7 p.m.)

Invitation Only: - GNYAP Council, Speakers/Sponsors, Past Presidents, Select Committee Chairs and their spouse/guest(s).

SATURDAY EVENING DINNER MEETING December 6, 2025 **\$440.00 per person** x _____ persons

(The Metropolitan Club, 1 East 60th Street, NYC @ 7 p.m.)

Total \$ _____

Dr. _____ Mrs. _____ Ms. _____ Mr. _____ **Must check one**

SPACE IS LIMITED!!! PLEASE REGISTER EARLY!!!

(Print the name of your guest(s) for the Dinner Meeting)

(Print your seating preferences for the Dinner Meeting)

(Please Note-Seating Preferences Cannot Be Guaranteed)

Special Meal Requirements for Saturday Dinner Meeting: ☐ **Kosher** ☐ **Vegetarian** ☐ **Allergic to** _____

METHOD OF PAYMENT: IF PAYING BY CHECK, FEES ARE 3% LESS THAN POSTED ABOVE.

Please make your check payable to the GNYAP in US funds and mail or fax top copy to: The Greater New York Academy of Prosthodontics, 426 Hudson St., Hackensack, NJ 07601. Fax (201) 440-7963.

You can also register online at www.gnyap.org.

☐ MasterCard ☐ Visa ☐ American Express

Card Number: _____ Expires: _____ Security Code: _____

Signature _____

For additional copies of brochure or questions please contact Ms. Cindy Sabella at (201) 440-6522.