



# Online-only Annual Meeting registration

Online access begins Sept. 9, 2024, and ends Jan. 31, 2025.

All payments must be made in U.S. dollars.

Mail registration form along with check payable to AAOMS or credit card information to: AAOMS  
Attn: Registration  
9700 W. Bryn Mawr Ave.  
Rosemont, IL 60018-5701

OR fax registration and credit card information to 847-678-6279.

A separate registration form must be completed for each OMS and professional staff member. Mailed or faxed registration forms must be received at AAOMS headquarters by Dec. 31.

Registrant AAOMS ID NUMBER \_\_\_\_\_

First Name Middle Initial Last Name Degree(s) Nickname

Practice Name

Practice Address City State/Province/County ZIP/Postal Code Country

Practice Phone Fax Email (A unique email address is required for each registrant.)

### Online-only general registration fees

Registrant: Check proper category. All fees are listed in U.S. dollars.

	Through July 1	July 2 through July 31	Aug. 1 through Dec. 31
<input type="checkbox"/> AAOMS fellow/member/affiliate/candidate/applicant	\$ 895	\$ 995	\$1,095
<input type="checkbox"/> AAOMS life or retired fellow/member	\$ 447	\$ 497	\$ 547
<input type="checkbox"/> AAOMS resident member/U.S. dental student	\$ 0	\$ 0	\$ 100
<input type="checkbox"/> International resident	\$1,195	\$1,195	\$ 1,195
<input type="checkbox"/> International OMS who is not a member of AAOMS	\$1,195	\$1,195	\$ 1,195
<input type="checkbox"/> Non-member who is not an OMS	\$1,195	\$1,195	\$ 1,195
<input type="checkbox"/> U.S. OMS who is not a member of AAOMS	\$2,695	\$2,695	\$2,695

**Total** (Enter this amount on Line 1 under Total Fees.) \$ \_\_\_\_\_

### Preconference program

**On-demand Anesthesia Update:**  
**Office-Based Anesthesia:**  
**Building Bridges (XAU)**

	Through July 31	Aug. 1 through Dec. 31
<input type="checkbox"/> AAOMS fellow/member	\$ 495	\$ 590
<input type="checkbox"/> Non-member dental professional	\$ 690	\$ 785
<input type="checkbox"/> AAOMS resident member	\$ 100	\$ 120

**Total** (Enter this amount on Line 2 under Total Fees.) \$ \_\_\_\_\_

### Total Fees

Line 1: General Registration Fee \$ \_\_\_\_\_  
Line 2: Preconference Program \$ \_\_\_\_\_  
**Total Registration Fee Due** \$ \_\_\_\_\_

I agree to share my data, including my full name and mailing address, with corporate supporters and exhibitors of this conference.  
 Yes  No

### Payment method

Check Enclosed (made payable to AAOMS)  
or  
Credit Card:  American Express  Discover  MasterCard  Visa

Credit Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Signature \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City State/Province/County ZIP/Postal Code

Country \_\_\_\_\_

**On Sept. 9, on-demand clinical and practice management courses will be made accessible via the online platform until Jan. 31. In-person recorded content will be added to the online program and accessible beginning Sept. 30. Not all in-person sessions will be recorded and available online. See the program for a list of online sessions.**

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