



# Online-only Access Registration Form

AAOMS Dental Implant Conference and Preconference Courses | Dec. 5 – 7

Registrant AAOMS ID Number \_\_\_\_\_ Please print or type. A separate registration form must be completed for each attendee.

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.)

### General Registration Fees

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

|   | Through Oct. 31 | After Oct. 31 and onsite |
|---|-----------------|--------------------------|
| <input type="checkbox"/> AAOMS fellow/member/provisional/affiliate/candidate/applicant/retired/life   | \$ 850          | \$ 950                   |
| <input type="checkbox"/> General dentist/other dental professional<br><i>To receive \$250 off the general registration fee, enter promo code provided _____ and AAOMS member name _____</i> | \$1,100         | \$1,200                  |
| <input type="checkbox"/> U.S. OMS who is not a member of AAOMS  | \$2,400         | \$2,500                  |
| <input type="checkbox"/> AAOMS resident member/U.S. dental student  | \$ 0            | \$ 0                     |
| <input type="checkbox"/> International resident   | \$1,100         | \$1,200                  |
| <input type="checkbox"/> International OMS who is not a member of AAOMS   | \$1,100         | \$1,200                  |
| <input type="checkbox"/> International general dentist/other dental professional  | \$1,100         | \$1,200                  |

### Professional Background (choose one)

- AAOMS fellow/member
- OMS who is not an AAOMS member
- Prosthodontist
- General dentist
- Other staff of an AAOMS member
- Other dental specialist \_\_\_\_\_
- OMS resident/dental student
- Periodontist
- Lab technician
- AAOMS allied staff member

### Payment Information

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 ZIP/Postal Code

### Preconference Courses

All preconference attendees also must register for the Dental Implant Conference. Didactic preconference sessions will be live-streamed and recorded and provided as archived content on-demand Dec. 16, 2024, to Feb. 7, 2025.

#### Dec. 5 | 1 – 4:30 p.m.

- P01 – Restorative: Accelerated Implant Loading Protocols and the Untapped Implant Market \$300
- P02 – Full-Arch Digital Workflow: Planning to Restoration, Photogrammetry \$300

### Payment of Fees

Return your registration form(s) with payment in U.S. dollars as follows:

- Completed credit card information or check (made payable to AAOMS) can be mailed to: AAOMS  
Attn: Registration  
9700 W. Bryn Mawr Ave.  
Rosemont, IL 60018-5701
- If paying by credit card, you also can submit by secure fax to AAOMS at 847-678-6279.

Registration forms must be received no later than Dec. 31.

**Note:** You will receive an email confirmation of your registration and details immediately after your registration has been processed. Online-only registration will remain open until Dec. 31.

**Cancellation policy:** No refunds will be issued for the online program.

**Total Due** \$ \_\_\_\_\_

I agree to share my data, including my full name and mailing address, with corporate supporters and exhibitors of this conference.

Yes  No