



**Washington, D.C.,
 Annual Meeting with
 on-demand access**
Sept. 17 – 20

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.
 Deadline for receipt of mailed pre-registration packet is July 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.)

Emergency contact information

Spouse/significant other (No fee required unless spouse requires CE credit.)

Name Relationship

First Name Last Name

Phone

Children's badge information (No fee required.)

Cell Home Work

First Name Last Name

First Name Last Name

First Name Last Name

Check if special accommodations are required for any member of your party

General registration fees

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

	Through July 1	July 2 through July 31	After July 31 and on-site
<input type="checkbox"/> AAOMS fellow/member/affiliate/candidate/applicant CAOMS member/affiliate	\$ 995	\$1,145	\$1,295
<input type="checkbox"/> AAOMS life or retired fellow/member CAOMS life or retired member	\$ 497	\$ 572	\$ 647
<input type="checkbox"/> AAOMS Delegate/Alternate	\$ 497	\$ 572	\$ 647
<input type="checkbox"/> AAOMS resident member/ U.S. dental student/ CAOMS resident-in-training	\$ 0	\$ 0	\$ 100
<input type="checkbox"/> International resident	\$1,495	\$1,495	\$ 1,495
<input type="checkbox"/> International OMS who is not a member of AAOMS or CAOMS	\$1,495	\$1,495	\$ 1,495
<input type="checkbox"/> Non-member who is not an OMS	\$1,495	\$1,495	\$ 1,495
<input type="checkbox"/> U.S. OMS who is not a member of AAOMS or CAOMS	\$2,930	\$2,930	\$2,930
<input type="checkbox"/> Other professional staff of an AAOMS member (U.S. only)	\$ 550	\$ 600	\$ 650
<input type="checkbox"/> AAOMS allied staff member	\$ 450	\$ 500	\$ 550
<input type="checkbox"/> Spouse of an AAOMS member earning CE credit	\$ 450	\$ 500	\$ 550

Total \$ _____
 (Enter this amount on Line 1 under Total Fees on reverse side.)

Social event

AAOMS President's Event at International Spy Museum (open to all attendees and guests)
 Friday, Sept. 19, 7 – 10 p.m.

	Through July 31	After July 31 and on-site
<input type="checkbox"/> Adult(s) (XF1) qty ____ x	\$160	\$ 185 = \$ _____
<input type="checkbox"/> Child (under 21 years old) (XF1C) qty ____ x	\$100	\$ 100 = \$ _____

Preconference courses

All preconference attendees also must register for the Annual Meeting. (Choose only one. To attend one preconference course in-person and access the Anesthesia Update on-demand, email registration@aaoms.org.)

Controversies and Challenges in Cleft and Craniomaxillofacial Care: Right Surgery, Right Patient (XCC) (available in-person only)

	Through July 31	After July 31 and on-site
Wednesday, Sept. 17, 7:45 a.m. – 4:10 p.m.		
<input type="checkbox"/> AAOMS or CAOMS fellow/member	\$495	\$ 590 \$ _____
<input type="checkbox"/> Non-member dental professional	\$690	\$ 785 \$ _____
<input type="checkbox"/> AAOMS or CAOMS resident member	\$100	\$ 120 \$ _____

Educators Summit (XES) (available to AAOMS and CAOMS fellows/members in-person only)

	Through July 31	After July 31 and on-site
Wednesday, Sept. 17, 8 a.m. – 4:00 p.m.		
<input type="checkbox"/> AAOMS or CAOMS fellow/member	\$300	\$ 395 \$ _____

Anesthesia Update: The Patients We Serve (XAU) (available to AAOMS and CAOMS fellows/members in-person and on-demand)

	Through July 31	After July 31 and on-site
Wednesday, Sept. 17, 8 a.m. – 4:30 p.m.		
<input type="checkbox"/> AAOMS or CAOMS fellow/member	\$495	\$ 590 \$ _____
<input type="checkbox"/> Non-member dental professional	\$690	\$ 785 \$ _____
<input type="checkbox"/> AAOMS or CAOMS resident member	\$100	\$ 120 \$ _____

Total \$ _____
 (Enter this amount on Line 2 under Total Fees on reverse side.)

Source Code D

Additional-fee courses and hands-on workshops

(Courses and workshops below are available in-person only.)

Beyond the Basics Coding Workshop (XCW)

Wednesday, Sept. 17 - Thursday, Sept. 18, 8 a.m. – 4 p.m.

- Other professional staff of an AAOMS member (U.S. only) \$ 550 \$ _____
- AAOMS allied staff member \$ 475 \$ _____
- AAOMS fellow/member \$ 475 \$ _____

Advanced Cardiovascular Life Support (ACLS)

Thursday, Sept. 18, 8 a.m. – 3 p.m. (XACLS) \$ 425 \$ _____

Advanced Full-Arch Implant Rehabilitation for the Atrophic Maxilla: Solving Serious Problems Using Zygomatic, Pterygoid, Transnasal and Transpalatal Implants (XH01)

Thursday, Sept. 18, 10 a.m. – 1 p.m. \$ 350 \$ _____

Pediatric Advanced Life Support (PALS)

Friday, Sept. 19, 8 a.m. – 3 p.m. (XPALS) \$ 425 \$ _____

Digital Full-Arch Techniques for Predictable Implant Outcomes Using Intraoral Scanning, Photogrammetry, 3D Printing and Milling Without Using an Outside Lab (XH02)

Friday, Sept. 19, 10 a.m. – 1 p.m. \$ 350 \$ _____

Anesthesia Assistants Skills Lab

Friday, Sept. 19, 8 a.m. – noon (XASL01) \$ 250 \$ _____

Friday, Sept. 19, 1 – 5 p.m. (XASL02) \$ 250 \$ _____

AAOMS National Simulation Program – Office-Based Emergency Airway Management (OBEAM) module (AAOMS fellows/members only)

- Thursday, Sept. 18, 8 – 10 a.m. (XSIM1A) \$ 900 \$ _____
- Thursday, Sept. 18, 10:30 a.m. – 12:30 p.m. (XSIM1B) \$ 900 \$ _____
- Thursday, Sept. 18, 1:30 – 3:30 p.m. (XSIM1C) \$ 900 \$ _____
- Friday, Sept. 19, 8 – 10 a.m. (XSIM2A) \$ 900 \$ _____
- Friday, Sept. 19, 10:30 a.m. – 12:30 p.m. (XSIM2B) \$ 900 \$ _____
- Friday, Sept. 19, 1:30 – 3:30 p.m. (XSIM2C) \$ 900 \$ _____
- Saturday, Sept. 20, 8 – 10 a.m. (XSIM3A) \$ 900 \$ _____
- Saturday, Sept. 20, 10:30 a.m. – 12:30 p.m. (XSIM3B) \$ 900 \$ _____

Total (Enter this amount on Line 3 under Total Fees below.) \$ _____

Eat, Drink and Be Industry-Educated sessions *(free to attendees)*

Visit AAOMS.org/AnnualMeeting for descriptions. No CE credit offered.

Please indicate your intention to attend these in-person sessions by checking the boxes below. Space is available on a first-come, first-served basis on-site. Food and beverage will be served for those in attendance.

- | | |
|--|--|
| Thursday, Sept. 18 | Friday, Sept. 19 |
| Breakfast and Learn: | Breakfast and Learn: |
| US Oral Surgery Management | Straumann |
| <input type="checkbox"/> 10 – 10:45 a.m. (GPT1) | <input type="checkbox"/> 10 – 10:45 a.m. (GPT4) |
| Lunch and Learn: | Lunch and Learn: |
| Straumann | Maxxeus Dental |
| <input type="checkbox"/> 11:45 a.m. – 1:15 p.m. (GPT2) | <input type="checkbox"/> 11:45 a.m. – 1:15 p.m. (GPT5) |
| Snack and Learn: | Snack and Learn: |
| US Oral Surgery Management | Johnson & Johnson MedTech |
| <input type="checkbox"/> 3:15 – 4 p.m. (GPT3) | <input type="checkbox"/> 3:15 – 4 p.m. (GPT6) |

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

Consent to share your number with a chatbot for emergency-only text alerts? Your number won't be used otherwise. Yes No
If yes, please provide your cell phone number: _____

Consent to share your number with the chatbot for up to five meeting-related texts from AAOMS? You can opt out anytime. Yes No
If yes, please provide your cell phone number: _____

Do you plan to attend the following?

Complimentary lunch in the Exhibit Hall, 11:45 a.m. – 1:15 p.m.

Thursday, Sept. 18 Yes No

Friday, Sept. 19 Yes No

There is no limit on the number of courses for which you may register.
Prepayment is required for general registration fees, social event tickets and all additional-fee courses.

Total Fees

Line 1: General Registration Fee *(from reverse side)* \$ _____

Line 2: Social Event and Preconference Programs *(from reverse side)* \$ _____

Line 3: Additional-Fee Courses and Hands-On Workshops \$ _____

Total Registration Fee Due \$ _____

Payment Method

Check Enclosed (made payable to AAOMS) **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 _____

Source Code D

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

- Completed credit card information or check (payable to AAOMS)

can be mailed to: AAOMS
Attn: Registration
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701 USA

- If paying by credit card, you also can submit by secure fax to AAOMS at 847-678-6279.