2025

Register online at AAOMS.org/DIC



Anesthesia Assistants Courses Registration Form

Held in conjunction with the AAOMS Dental Implant Conference | Sheraton Grand Chicago Riverwalk | Chicago, Ill.

Anesthesia Assistants Review Course (2-day course) Friday, Dec. 5 • 8 a.m. – 4 p.m. Saturday, Dec. 6 • 7:45 a.m. - 12:30 p.m.

Anesthesia Assistants Skills Lab (1-day course) Saturday, Dec. 6 • 1 – 5 p.m.

Registrant Please print or type. A separate registration form must be completed for each attendee.

AAOMS Allied Staff Men	nber ID Number (if applicabl	e)	
First Name	Middle Initial	Last Name	Degree(s) Nickname
Supporting AAOMS Me	mber (if applicable)		
Practice Name			
Practice Address		City	State/Province ZIP/Postal Code
Practice Phone Emergency contact in	formation	Fax	Email (A unique email address is required for each registrant.)
Emergency contact in	Tomation		
Name	Relationship	Phone ☐ Cell ☐ Home ☐ Wor	k
Registration Fees Dental Implant Conference registration is not required to attend the Anesthesia Assistants Review Course or Anesthesia Assistants Skills Lab. Registrant: Check proper category. All fees are listed in U.S. dollars.			I agree to share my data, including my full name and mailing address, with corporate supporters and exhibitors of this conference. ☐ Yes ☐ No
Anesthesia Assistants Review Course Dec. 5 – 6			Payment Information
Includes complimentary breakfast on Thursday and Friday, complimentary lunch on Thursday, breaks, exhibits and Friday evening reception.			Credit Card ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa
☐ AAOMS allied staff	f member	Through Oct. 31	Credit Card Number Security Code Expiration Date
☐ Other professional of an AAOMS men	staff	\$ 600 \$ 600	Name of Cardholder
☐ Non-AAOMS mem	ber staff	\$ 675 \$ 675	Signature
A .1 . A	. (1:11 1 15 7		
Anestnesia Assista	ants Skills Lab Dec. 6	Through Oct. 31 Oct. 31	Credit Card Billing Address
☐ AAOMS allied staff	member	\$ 450 \$ 450	City State/Province ZIP/Postal Code
Other professional of an AAOMS men		\$ 500 \$ 500	Payment of Fees
			Return your registration form(s) with payment in U.S. dollars as follows:
In-person conference with online access Dec. 4 – 6 Includes admission to all Dental Implant Conference symposia, complimentary lunch each day, breaks, exhibits and Friday evening reception.			Completed credit card information or check (made payable to AAOMS) can be mailed to:
		Through Oct. 31 Oct. 31	Rosemont, IL 60018-5701
☐ AAOMS allied staff	member	\$ 350 \$ 400	If paying by credit card, you also can submit by secure fax to AAOMS at 847-678-6279.
☐ Other professional of an AAOMS men		\$ 425 \$ 475	Registration forms must be received no later than Dec.3. Cancellation notification must be made in writing.

Total Due

See cancellation of registration and refunds policy on the Registration page at AAOMS.org/DIC.

You will receive an email confirmation of your registration once it has been received and accepted by AAOMS.

Registration for the assistants courses does not include registration for the Dental Implant Conference. A separate registration fee must be paid for each program. Attendees of the Anesthesia Assistants Review Course will be allowed in the Exhibit Hall. Badges will be mailed prior to the conference. Attendees who register after Oct. 31 must pick up their badges and tickets onsite at the AAOMS Registration Center.

^{*} If you are employed by an AAOMS member but are not an AAOMS allied staff member, you must select the "Other professional staff of an AAOMS member" price.