

Sept. 30 – Oct. 3 | Seattle, Wash.

Together We Thrive: Celebrating Family and Our AAOMS Community



Application and Contract for 2026 AAOMS Annual Meeting

AAOMSopoly – Mobile App Exhibit Hall game!

\$750

Application Deadline: Aug. 3*

Sign up today to participate in the AAOMSopoly Mobile App Exhibit Hall game.

AAOMSopoly is reserved for companies that are current exhibitors with the American Association of Oral and Maxillofacial Surgeons (AAOMS).

Why gamification?

Exhibit Hall games are highly effective in creating active participation, resulting in:

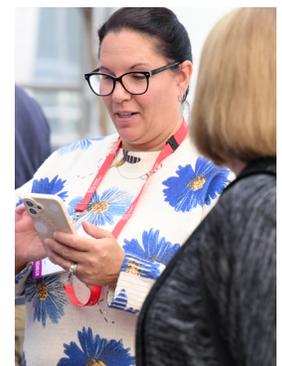
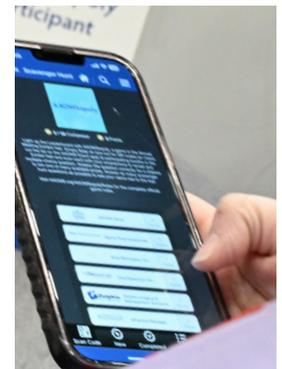
- Better attendance in the Exhibit Hall.
- Increased attendee engagement.
- Improved networking increasing the number of connections made at the event.
- More fun and a better attendee/exhibitor experience overall.
- Attendees driven to your booth for a chance to win prizes.

AAOMS also recommends exhibitors market their participation before the event (e.g., the pre-show attendee list for direct mail marketing).

*Entries must be received by **June 25 to be included in the Annual Meeting Program**. Entries received after June 25 will be listed on signage and the AAOMS website.

Questions?

Call 847-233-4316 or email aprachan@aaoms.org.



A. Eligibility

1. Companies participating in the AAOMS Exhibition are eligible to participate in AAOMSopoly. Only one entry per company.
2. **Program Listing Guidelines:** June 25 is the deadline for product listings in the Annual Meeting Program. AAOMSopoly applications received after June 25 will not be included in the Program.



B. Participation Application, Fees and Deadline

1. AAOMSopoly participants must complete and submit the attached application.
2. The participation fee is \$750.
3. Checks should be made payable to AAOMS. Credit card payments are accepted only with invoices issued by AAOMS.
4. To qualify for participation in AAOMSopoly, the Application and Contract must be received no later than Aug. 3.*

**To be included in the Annual Meeting Program, your application must be received by June 25.*

C. Attendee Prizes

Prizes attendees may be eligible to win include:

- Complimentary registration for 2027 AAOMS educational offerings, such as the Annual Meeting, Dental Implant Conference, Anesthesia Assistants Review Course, Anesthesia Assistants Skills Lab, Advanced Protocols for Medical Emergencies in the OMS Office course and Office-Based Emergency Airway Management (OBEAM) module
- AAOMS Clinical CE Subscription
- AAOMS clinical webinars
- AAOMS Store product



AAOMSopoly Application and Contract

Application deadline: Aug. 3*

Space is limited. Participants will be accepted on a first-come, first-served basis.

Please make a copy for your files.



Exhibitor Information

Company Name _____ Booth Number _____

Contact Name _____

Contact Title _____

Mailing Address _____

City _____ State/Province _____ ZIP _____ Country _____

Phone _____ Contact Email _____

Company Website _____

If a participating exhibitor cancels its exhibit space, participation in AAOMSopoly also will be canceled. No refunds will be given after receipt of the AAOMS invoice.

*Entries must be received by June 25 to be included in the Annual Meeting Program. Entries received after June 25 will not be listed in the printed program but will be listed on signage and the AAOMS website.

Authorization

Exhibitor agrees to abide by the eligibility requirements as stated in this contract. By signing below, the individual represents that he or she is duly authorized to execute this binding contract on behalf of named exhibitor.

Authorized Signature _____

Name _____ Date _____

Payment

Remit payment in the amount of \$750 payable to AAOMS in U.S. currency drawn on a U.S. account. If you prefer to pay by phone, call the exhibits team with credit card information at 800-822-6637.

Mail to: American Association of Oral and Maxillofacial Surgeons, 9700 W. Bryn Mawr Ave., Rosemont, IL 60018-5701

Please select one: Check/Money Order enclosed Check # _____ American Express Discover MasterCard Visa

Credit Card Number _____ Security Code _____ Expiration Date _____

Name of Cardholder _____

Billing Address _____

Signature _____

For AAOMS use only

| | |
|-------------------------|-----------------------------------|
| Date _____ | AAOMSopoly \$750 |
| Total _____ | Check/Credit Card Invoice # _____ |
| Accepted by AAOMS _____ | |