



Register online at [AAOMS.org/DIC](http://AAOMS.org/DIC)



# In-person Conference with On-Demand Access Registration Form

AAOMS Dental Implant Conference and Preconference Courses | Dec. 3 – 5 | Sheraton Grand Chicago Riverwalk | Chicago, Ill.

**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.) \_\_\_\_\_

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

### Emergency contact information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Cell  Home  Work

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

### Professional Background (choose one)

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

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

**Lunch and Learn** (free to attendees)  
 Visit [AAOMS.org/DIC](http://AAOMS.org/DIC) for description. No CE credit offered. Please indicate your intention to attend by checking the box below. Space is available on a first-come, first-served basis on-site. Food and beverage will be served for those in attendance.

**Dec. 3 | 11:15 a.m. – 12:45 p.m.**  Osteo Science Foundation (GPT1)

**Industry Symposium** (free to attendees)  
 Visit [AAOMS.org/DIC](http://AAOMS.org/DIC) for description. No CE credit offered. Space is available on a first-come, first-served basis on-site.

**Dec. 3 | 4:45 – 6:15 p.m.**  
 TBD (GCF1)  TBD (GCF2)  TBD (GCF3)

General Registration Fees	Registrar: Check proper category. All fees are listed in U.S. dollars.	
	Through Oct. 31	After Oct. 31 and on-site
<input type="checkbox"/> AAOMS fellow/member/provisional/affiliate/candidate/applicant/retired/life	\$ 875	\$ 975
<input type="checkbox"/> General dentist/other dental professional <i>To receive \$250 off the general registration fee, enter promo code provided _____ and AAOMS member name _____</i>	\$1,125	\$1,225
<input type="checkbox"/> U.S. OMS who is not a member of AAOMS	\$2,510	\$2,610
<input type="checkbox"/> AAOMS resident member/U.S. dental student	\$ 350	\$ 400
<input type="checkbox"/> International resident/dental student	\$1,125	\$1,225
<input type="checkbox"/> International OMS who is not a member of AAOMS	\$1,125	\$1,225
<input type="checkbox"/> International general dentist/other dental professional	\$1,125	\$1,225
<input type="checkbox"/> Other professional staff of an AAOMS member (U.S. only)	\$ 425	\$ 475
<input type="checkbox"/> AAOMS allied staff member	\$ 350	\$ 400
<input type="checkbox"/> Spouse of an AAOMS member earning CE credit	\$ 350	\$ 400

Preconference Courses (only one selection allowed)	
<i>All preconference attendees also must register for the Dental Implant Conference. Choose only one. (To attend one preconference course in-person and access any of the didactic preconference courses on-demand, email <a href="mailto:registration@aaoms.org">registration@aaoms.org</a>.)</i>	
<b>Dec. 3   1 – 4:30 p.m.</b>	
<i>The following three didactic preconference courses are available to all conference registrants:</i>	
<input type="checkbox"/> P01 – Growing the Dental Implant Practice as a Specialist	\$300
<input type="checkbox"/> P02 – Mastering Peri-Implant Soft Tissue: From Fundamentals to Advanced Decision-Making	\$300
<input type="checkbox"/> P03 – Elevating Your Oral Surgery Practice with a True Implant Treatment Coordinator	\$300
<i>The following hands-on preconference workshops are available ONLY to AAOMS fellows/members and AAOMS resident members:</i>	
<input type="checkbox"/> P04 – Zygomatic Dental Implants Including Pterygoid Implants	\$500
<input type="checkbox"/> P05 – Immediate Single Implant Placement with Bone and Tissue Grafts in the Esthetic Zone	\$500
<input type="checkbox"/> P06 – Hard-Tissue Grafting with Intraoral Autograft	\$500

### 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 \_\_\_\_\_

**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. 2. Cancellation notification must be made in writing. See cancellation of registration and refunds policy on the Registration page at [AAOMS.org/DIC](http://AAOMS.org/DIC). You will receive an email confirmation of your registration once it has been received and accepted by AAOMS. Badges will be mailed prior to the conference. Attendees who register after Oct. 31 must pick up their badges and tickets on-site at the AAOMS Registration Center.*

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

Source Code D