



On-Demand Access Only Registration Form

AAOMS Dental Implant Conference and Preconference Courses

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. Access to recorded sessions begins Dec. 14, 2026, and ends Feb. 28, 2027. The conference will not be livestreamed.

	Through Oct. 31	After Oct. 31
<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	\$ 0	\$ 0
<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

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

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. 31.

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

Cancellation policy: No refunds will be issued for the on-demand program.

Preconference Courses

All preconference attendees also must register for the Dental Implant Conference. Didactic preconference sessions will be recorded and provided as archived content on-demand Dec. 14, 2026, to Feb. 28, 2027. No sessions will be livestreamed.

Dec. 3 | 1 – 4:30 p.m.

- P01 – Growing the Dental Implant Practice as a Specialist \$300
- P02 – Mastering Peri-Implant Soft Tissue:
From Fundamentals to Advanced Decision-Making \$300
- P03 – Elevating Your Oral Surgery Practice
with a True Implant Treatment Coordinator \$300

Total Due \$ _____