



Seattle, Wash.,
Annual Meeting with
On-Demand access
Sept. 30 – Oct. 3

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

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	\$ 995	\$1,145	\$1,295
<input type="checkbox"/> AAOMS life or retired fellow/member	\$ 497	\$ 572	\$ 647
<input type="checkbox"/> AAOMS Delegate/Alternate	\$ 497	\$ 572	\$ 647
<input type="checkbox"/> AAOMS resident member/ U.S. dental student	\$ 0	\$ 0	\$ 100
<input type="checkbox"/> International resident/ dental student	\$1,495	\$1,495	\$ 1,495
<input type="checkbox"/> International OMS who is not a member of AAOMS	\$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	\$2,940	\$2,940	\$2,940
<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 The Museum of Flight (open to all attendees and guests) Friday, Oct. 2, 7 – 10 p.m.

	Through July 31	After July 31 and on-site
<input type="checkbox"/> Adult(s) (XF1) qty ____ x \$ 185	\$ 210	= \$ _____
<input type="checkbox"/> Child (under 21 years old) (XF1C) qty ____ x \$ 100 (must purchase with adult ticket)	\$ 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.)

Current Concepts and Controversies in Head and Neck Surgery and Reconstruction (XHN) (available in-person only) Wednesday, Sept. 30, 7:30 a.m. – 4:20 p.m.

	Through July 31	After July 31 and on-site
<input type="checkbox"/> AAOMS fellow/member	\$ 545	\$ 640 \$ _____
<input type="checkbox"/> Non-member dental professional	\$ 740	\$ 835 \$ _____
<input type="checkbox"/> AAOMS resident member	\$ 125	\$ 150 \$ _____

Anesthesia Update: Current Topics and Case-Based Insights for Office-Based Practice (XAU) (available to AAOMS fellows/members in-person and on-demand) Wednesday, Sept. 30, 8 a.m. – 4:10 p.m.

	Through July 31	After July 31 and on-site
<input type="checkbox"/> AAOMS fellow/member	\$ 545	\$ 640 \$ _____
<input type="checkbox"/> Non-member dental professional	\$ 740	\$ 835 \$ _____
<input type="checkbox"/> AAOMS resident member	\$ 125	\$ 150 \$ _____

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.)

OMS Coding Essentials: Medical and Dental Procedures and Diagnoses (XCW)

Wednesday, Sept. 30 - Thursday, Oct. 1, 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 \$ _____

Introduction to Minimally Invasive Diagnostic and Operative Temporomandibular Joint Arthroscopy*

Wednesday, Sept. 30, 8 - 11 a.m. (XH01) \$1,200 \$ _____

Zygomatic Implants From A Through Z

Wednesday, Sept. 30, 8 a.m. - 5:30 p.m. (XH02) \$1,950 \$ _____

Advanced Cardiovascular Life Support (ACLS)

Thursday, Oct. 1, 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

Thursday, Oct. 1, 10 a.m. - 1 p.m. (XH03) **SOLD OUT**

Pediatric Advanced Life Support (PALS)

Friday, Oct. 2, 8 a.m. - 3 p.m. (XPALS) \$ 425 \$ _____

Anesthesia Assistants Skills Lab

Friday, Oct. 2, 8 a.m. - noon (XASL01) \$ 275 \$ _____

Friday, Oct. 2, 1 - 5 p.m. (XASL02) \$ 275 \$ _____

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

Friday, Oct. 2, 10 a.m. - 1 p.m. (XH04) **SOLD OUT**

AAOMS National Simulation Program: Office-Based Emergency Airway Management (OBEAM) Module* (AAOMS fellows/members only)

- Thursday, Oct. 1, 8 - 10 a.m. (XSIM1A) \$ 925 \$ _____
- Thursday, Oct. 1, 10:30 a.m. - 12:30 p.m. (XSIM1B) \$ 925 \$ _____
- Thursday, Oct. 1, 1:30 - 3:30 p.m. (XSIM1C) \$ 925 \$ _____
- Friday, Oct. 2, 8 - 10 a.m. (XSIM2A) \$ 925 \$ _____
- Friday, Oct. 2, 10:30 a.m. - 12:30 p.m. (XSIM2B) \$ 925 \$ _____
- Friday, Oct. 2, 1:30 - 3:30 p.m. (XSIM2C) \$ 925 \$ _____
- Saturday, Oct. 3, 8 - 10 a.m. (XSIM3A) \$ 925 \$ _____
- Saturday, Oct. 3, 10:30 a.m. - 12:30 p.m. (XSIM3B) \$ 925 \$ _____

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

*Includes a precourse online component.

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, Oct. 1

Breakfast and Learn: ACE SOUTHERN/Henry Schein

- 10 - 10:45 a.m. (GPT1)
- Lunch and Learn: TBD**
- 11:45 a.m. - 1:15 p.m. (GPT2)

Snack and Learn: DePuy Synthes

- 3:15 - 4 p.m. (GPT6)

Friday, Oct. 2

Breakfast and Learn: TBD

- 10 - 10:45 a.m. (GPT4)
- Lunch and Learn: KLS Martin Group**
- 11:45 a.m. - 1:15 p.m. (GPT5)

Snack and Learn: TBD

- 3:15 - 4 p.m. (GPT3)

Industry Symposiums

(free to attendees; available in-person only)

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

Select only one session each day. Space is available on a first-come, first-served basis on-site.

Thursday, Oct. 1, 7 - 7:45 a.m.

- Nobel Biocare (GCF1)
- TBD (GCF2)
- TBD (GCF3)
- TBD (GCF4)

Friday, Oct. 2, 7 - 7:45 a.m.

- Nobel Biocare (GCF5)
- ACE SOUTHERN/Henry Schein (GCF6)
- TBD (GCF7)
- TBD (GCF8)

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

Do you plan to attend the Welcome Reception in the Exhibit Hall, Wednesday, Sept. 30, 7 - 8:30 p.m.? Yes No

Do you plan to attend complimentary lunch in the Exhibit Hall? Thursday, Oct. 1, 11:45 a.m. - 1:15 p.m. Yes No

Friday, Oct. 2, 11:45 a.m. - 1:15 p.m. 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/Country _____ 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.