


Annual Meeting Registration

Academy of Osseointegration Annual Meeting March 15 – 18, 2017 • Orlando, Florida

Please type or print your name exactly as you wish it to appear on the badge:

| | | | | |
|----------------|-------------|------------------|-------------------|---------|
| First name | Family name | Degree | NPI # (U.S. Only) | |
| Office Address | City | State | Zip | Country |
| E-mail Address | | Office Phone No. | Office Fax No. | |

| | |
|--|--|
| <p>I am a(n):</p> <p><input type="checkbox"/> AO Member <input type="checkbox"/> AAOMS Member</p> <p><input type="checkbox"/> Non-Member <input type="checkbox"/> AAP Member</p> <p><input type="checkbox"/> AO Student Member <input type="checkbox"/> ACP Member</p> <p><input type="checkbox"/> Student Non-Member (letter from Chief of Service required)</p> <p><input type="checkbox"/> Other (please specify) _____</p> | <p>Please indicate primary specialty:</p> <p><input type="checkbox"/> Oral & Maxillofacial Surgeon <input type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Periodontist <input type="checkbox"/> Oral & Maxillofacial Pathology</p> <p><input type="checkbox"/> Prosthodontist <input type="checkbox"/> Oral & Maxillofacial Radiology</p> <p><input type="checkbox"/> General Dentist <input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Auxiliary Staff (Dental Technician, Nurse, Office Staff, Scientist, Technical Representative) <input type="checkbox"/> Pediatric Dentistry</p> <p><input type="checkbox"/> Dental Public Health <input type="checkbox"/> Other (please specify) _____</p> |
|--|--|

 Check here if you are disabled and require special services. Please attach a written description of your needs.

Registration Fees (see the Registration Packet for optional programs and lectures)

| AO, AAOMS, AAP, ACP MEMBER | Through Jan. 23 | Jan. 24 – Feb. 27 | After Feb. 27 |
|--|-----------------|-------------------|---------------|
| <input type="checkbox"/> Doctor (DDS, DMD) | \$460 | \$560 | \$710 |
| <input type="checkbox"/> Affiliate/Allied Staff (CDT, MDT, RDH, ROT, Office Staff) | \$215 | \$265 | \$415 |
| <i>Note: Each registrant must be their own member, not just staff of a member.</i> | | | |
| <input type="checkbox"/> Student | \$115 | \$140 | \$165 |
| NON-MEMBER* | | | |
| <input type="checkbox"/> Doctor (DDS, DMD) | \$1,050 | \$1,150 | \$1,295 |
| <input type="checkbox"/> Allied Staff (CDT, MDT, RDH, ROT, Office Staff) | \$270 | \$320 | \$470 |
| <input type="checkbox"/> Student (letter from Chief of Service required) | \$335 | \$385 | \$535 |
| <input type="checkbox"/> Non-Doctor (CEO, PharmD, PhD, Scientist, Other) | \$290 | \$340 | \$490 |
| <input type="checkbox"/> Spouse/Guest (limit two guests per registrant) | \$55 ea. | \$80 ea. | \$105 ea. |

Name _____ Name _____

*AO membership applications MUST be received in AO office at least two weeks prior to registration deadlines to be eligible for member discount.

| ANNUAL MEETING CONFERENCE RECORDING | Member | Non-Member | Shipping* |
|---|--------|------------|-----------|
| <input type="checkbox"/> Online Access 2017 | \$200 | \$250 | \$0 |
| <input type="checkbox"/> Flash Drive 2017 | \$200 | \$250 | \$15 |

*Outside U.S. only

Total of this page \$ _____

Deadline for Advance Registration: February 27, 2017 • Register online at osseo.org

Annual Meeting Registration

Pre-Conference Sessions (Wednesday, March 15)

Participants must be registered for the Annual Meeting in order to register for the Pre-Conference Sessions

Clinical, Surgical and Medicolegal Aspects of Radiology in Implant Dentistry (8:00 am – Noon)

AO, AAOMS, AAP and ACP Members – \$200 Non-Members – \$250 \$ _____

The Science of Osseointegration: Local, Systemic and Biomechanics Factors (1:00 – 5:00 pm)

AO, AAOMS, AAP and ACP Members – \$200 Non-Members – \$250 \$ _____

Hands-On Workshop Sessions (Wednesday, March 15)

Participants must be registered for the Annual Meeting in order to register for the Hands-On Workshops

Half-day (9:00 am – noon)

AO, AAOMS, AAP and ACP Members – \$200 Non-Members – \$250 Please rank in order of preference:

Dentsply Sirona Geistlich Intra-Lock
 Nobel Biocare Osstell Southern Implants
 Straumann Zimmer Biomet Z-Systems

\$ _____

Half-day (1:00 – 4:00 pm)

AO, AAOMS, AAP and ACP Members – \$200 Non-Members – \$250 Please rank in order of preference:

Dentsply Sirona Geistlich Intra-Lock
 Nobel Biocare Osstell Southern Implants
 Straumann Zimmer Biomet Z-Systems

\$ _____

TEAM Program (Saturday, March 18)

Complimentary to all Annual Meeting Registrants (not including Spouse/Guests)

(Program only – does not include Annual Meeting attendance)

Members – \$125 Non-Members – \$150 \$ _____

I am registering to attend the Annual Meeting and choose to attend this program at no additional charge. Yes \$0

Laboratory Technician Program (Saturday, March 18)

Complimentary to all Annual Meeting Registrants (not including Spouse/Guests)

(Program only – does not include Annual Meeting attendance)

Members – \$125 Non-Members – \$150 \$ _____

I am registering to attend the Annual Meeting and choose to attend this program at no additional charge. Yes \$0

Optional Lectures

Morning With the Masters (Friday, March 17, 7:00 – 8:00 am)

AO, AAOMS, AAP, ACP Members – \$95 Non-Members – \$125 Please rank in order of preference:

1st choice _____ 2nd choice _____ 3rd choice _____ \$ _____

Young Clinicians' Lecture Series: Pathways to Predictability (Friday, March 17, Noon – 1:30 pm)

Yes \$0

Lunch & Learn Sessions (Saturday, March 18, Noon – 1:30 pm)

AO, AAOMS, AAP, ACP Members – \$90 Non-Members – \$110 Please rank in order of preference:

1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice _____ 5th choice _____ \$ _____

Deadline for Advance Registration: February 27, 2017

Register online at osseo.org

Total from this page \$ _____

Total from previous page \$ _____

Total Remittance \$ _____

Method of payment: Check* Visa MasterCard American Express

CC Number

Exp Date

Security Code

Name on card

Signature

*Make checks payable to AO in U.S. funds only.

- Non-U.S. registrations: payable by credit card or U.S. Money Order only.
- All refund requests must be made in writing by February 20, 2017.
- Cancel before February 20, 2017 to qualify for a refund (less \$75 fee).
- No refunds on cancellations after February 20, 2017.

Send completed registration form along with payment to:
 Academy of Osseointegration, Attn: Meeting Registration
 85 W. Algonquin Rd, Ste. 550
 Arlington Heights, IL 60005
 Phone: (847) 439-1919 • Fax (847) 427-9656

By registering for this meeting, I hereby acknowledge and agree that AO or its agents may take photographs of me during events and may freely use those photographs in any media for AO's purposes, including but not limited to news and promotional purposes, without further compensation to me.