

REGISTRATION Form

All payments must be made in US dollars.

If paying by check, mail registration form and check payable to AAOMS, 1779 Paysphere Circle, Chicago, IL 60674.

When paying by credit card, mail registration form with credit card information to AAOMS, 9700 West Bryn Mawr Avenue, Rosemont, IL 60018-5701, Attn: Registration OR fax to: 847/678-6279.

A separate registration form must be completed for each OMS and for professional and allied staff.

Deadline for receipt of Pre-registration is July 31, 2008.

REGISTER ONLINE AT AAOMS.ORG

Registrant AAOMS ID NUMBER _____

FIRST NAME	LAST NAME	MIDDLE INITIAL	NICKNAME
PRACTICE NAME			
PRACTICE ADDRESS	STATE/PROVINCE/COUNTY	ZIP CODE	COUNTRY
PRACTICE PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

CHILDREN'S BADGE INFORMATION (NO FEE REQUIRED)

FIRST NAME	LAST NAME
FIRST NAME	LAST NAME
FIRST NAME	LAST NAME

SPOUSE/SIGNIFICANT OTHER (NO FEE REQUIRED)

CHECK HERE IF CE IS REQUIRED FOR SPOUSE/SIGNIFICANT OTHER

FIRST NAME	LAST NAME
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CHECK HERE IF SPECIAL ACCOMMODATIONS REQUIRED FOR ANY MEMBER OF YOUR PARTY

General Registration Fees

**REGISTRANT: CHECK PROPER CATEGORY
ALL FEES ARE LISTED IN US DOLLARS**

	THROUGH 7-01-08	7-02-08 THROUGH 7-31-08	AFTER 7-31-08 AND ON SITE
<input type="radio"/> AAOMS FELLOW/MEMBER/ AFFILIATE/CANDIDATE/APPLICANT/ RETIRED/IAOMS FELLOWS	\$ 495	\$ 595	\$ 695
<input type="radio"/> AAOMS DELEGATE	\$ 248	\$ 298	\$ 348
<input type="radio"/> AAOMS ALTERNATE	\$ 371	\$ 446	\$ 521
<input type="radio"/> AAOMS LIFE FELLOW/MEMBER	\$ 0	\$ 0	\$ 0
<input type="radio"/> AAOMS RESIDENT/STUDENT	\$ 0	\$ 0	\$ 0
<input type="radio"/> NON-MEMBER WHO IS NOT AN OMS	\$ 795	\$ 795	\$ 795
<input type="radio"/> INTERNATIONAL OMS WHO IS NOT A MEMBER OF AAOMS OR IAOMS	\$ 795	\$ 795	\$ 795
<input type="radio"/> US OMS WHO IS NOT A MEMBER OF AAOMS	\$1795	\$1795	\$1795
<input type="radio"/> OFFICE/PRACTICE MANAGER	\$ 100	\$ 100	\$ 100
<input type="radio"/> PROFESSIONAL AND ALLIED STAFF	\$ 100	\$ 100	\$ 100

TOTAL \$ _____

(ENTER THIS AMOUNT UNDER TOTAL FEES ON LINE 1 ON REVERSE SIDE)

Social Events and Special Interest Sessions

AAOMS PRESIDENT'S EVENT

FRIDAY, SEPTEMBER 19, 7:00PM-11:00PM

TICKET(S) PURCHASED **BEFORE JULY 31, 2008** _____ QTY X \$ 75 = \$ _____

TICKET(S) PURCHASED **AFTER JULY 31, 2008** _____ QTY X \$ 95 = \$ _____

ADVANCED CARDIAC LIFE SUPPORT (ACLS) COURSE

THURSDAY SEPTEMBER 18, 8:00AM-3:00PM

ACLS CERTIFICATION COURSE _____ QTY X \$275= \$ _____

PEDIATRIC ADVANCED LIFE SUPPORT (PALS) COURSE

FRIDAY SEPTEMBER 19, 8:00AM-3:00PM

PALS CERTIFICATION COURSE _____ QTY X \$275= \$ _____

BOTH ACLS AND PALS CERTIFICATION COURSES _____ QTY X \$350= \$ _____

HANDS-ON SIMULATED ANESTHESIA EMERGENCIES

ALL COURSES ARE THE SAME - PLEASE RANK YOUR SELECTION
ONLY ONE COURSE WILL BE ASSIGNED TO YOU

	WED 9/17	THURS 9/18	FRI 9/19
7:30AM-9:30AM	_____	_____	_____
10:00AM-12:00NOON	_____	_____	_____
1:00PM-3:00PM	_____	_____	_____
3:30PM-5:30PM	_____	_____	_____

_____ QTY X \$225 = \$ _____

EXHIBITOR SHOWCASE SESSIONS (Free to attendees)

WEDNESDAY SEPTEMBER 17, 4:00PM-5:30PM

INDICATE NUMBER ATTENDING EACH SESSION:

____ ES1- ASTRATECH ____ ES3- MEDTRONIC ____ ES5- STRAUMANN
____ ES2- BIOMET 3i ____ ES4- NOBEL BIOCARE

TOTAL (ENTER THIS AMOUNT UNDER TOTAL FEES ON LINE 2 ON REVERSE SIDE) \$ _____

REGISTRATION FORM *Ticketed Sessions*

PLEASE PRINT SELECTION LEGIBLY. IF SELECTION IS ILLEGIBLE, A COURSE WILL NOT BE ASSIGNED.

WEDNESDAY, SEPTEMBER 17

11:30AM-1:30PM

SURGICAL CLINICS (S111-S116) OR MINI-LECTURE (M611, M612)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 120 \$ _____

2:00PM-4:00PM

SURGICAL CLINICS (S121-S126) OR MINI-LECTURE (M613, M614)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 120 \$ _____

THURSDAY, SEPTEMBER 18

7:00AM-9:00AM

SURGICAL CLINICS (S211-S216) OR MINI-LECTURE (M621-M622)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 120 \$ _____

8:00AM-12:00NOON

PRACTICE CLINICS (P701-P704)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 190 \$ _____

9:00AM-12:00NOON

PRACTICE CLINICS (P705) @ \$ 150 \$ _____

1:00PM-3:00PM

SURGICAL CLINICS (S221-S226) OR MINI-LECTURE (M623-M624)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 120 \$ _____

1:00PM-4:00PM

PRACTICE CLINICS (P706-P710) (P707 IS FREE FOR RESIDENTS)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 150 \$ _____

3:30PM-5:30PM

SURGICAL CLINICS (S231-S236) OR MINI-LECTURE (M625-M626)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 120 \$ _____

FRIDAY, SEPTEMBER 19

7:00AM-9:00AM

SURGICAL CLINICS (S311-S316) OR MINI-LECTURE (M631-M632)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 120 \$ _____

8:00AM-12:00NOON

PRACTICE CLINICS (P801-P803)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 190 \$ _____

9:00AM-12:00NOON

PRACTICE CLINICS (P804, P805)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 150 \$ _____

1:00PM-3:00PM

SURGICAL CLINICS (S321-S326) OR MINI-LECTURE (M633-M634)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 120 \$ _____

1:00PM-2:30PM

ASSISTANT MINI-LECTURE (AML1-AML2)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 75 \$ _____

1:00PM-4:00PM

PRACTICE CLINIC (P806-P810)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 150 \$ _____

3:00PM-4:30PM

ASSISTANT MINI-LECTURES (AML3-AML4)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 75 \$ _____

3:30PM-5:30PM

SURGICAL CLINICS (S331-S336) OR MINI-LECTURE (M635-M636)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 120 \$ _____

SATURDAY, SEPTEMBER 20

7:00AM-9:00AM

SURGICAL CLINICS (S411-S416) OR MINI-LECTURE (M641, M642)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 120 \$ _____

8:00AM-9:30AM

ASSISTANT MINI-LECTURE (AML5) @ \$ 75 \$ _____

8:00AM-11:00AM

ASSISTANT SKILLS LAB (ASL6-ASL7)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 150 \$ _____

8:00AM-12:00NOON

PRACTICE CLINICS (P901-P902, P904)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 190 \$ _____

8:00AM-12:00NOON

PRACTICE CLINICS (P903) (LIMITED TO AAOMS FELLOWS/MEMBERS AND RESIDENTS)
A TICKET IS REQUIRED. PLEASE INDICATE WHETHER ATTENDING: FREE _____

9:00AM-12:00NOON

PRACTICE CLINICS (P905) @ \$ 150 \$ _____

10:00AM-12:00NOON

SURGICAL CLINICS (S421-S426) OR MINI-LECTURE (M643-M644)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 120 \$ _____

11:30AM-1:00PM

LUNCH AND LEARNS (L511, L513-L520)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 45 \$ _____

1:00PM-3:00PM

SURGICAL CLINICS (S431-S436) OR MINI-LECTURE (M645-M646)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 120 \$ _____

1:00PM-4:00PM

ASSISTANT SKILLS LAB (ASL8) @ \$ 150 \$ _____

1:00PM-4:00PM

PRACTICE CLINIC (P906-P909)
1ST CHOICE _____ 2ND CHOICE _____ @ \$ 150 \$ _____

1:00PM-5:00PM

ASSISTANT SKILLS LAB (ASL9) @ \$ 150 \$ _____

1:00PM-5:00PM

PRACTICE CLINIC (P910) @ \$ 190 \$ _____

TOTAL (ENTER THIS AMOUNT UNDER TOTAL FEES ON LINE 3 BELOW) \$ _____

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 COURSES.

TOTAL FEES

LINE 1: GENERAL REGISTRATION FEE (FROM REVERSE SIDE) \$ _____

LINE 2: SOCIAL EVENTS AND SPECIAL INTEREST SESSIONS (FROM REVERSE SIDE) \$ _____

LINE 3: TICKETED PROGRAM REGISTRATION FEE \$ _____

TOTAL REGISTRATION FEE DUE \$ _____

METHOD OF PAYMENT

CHECK ENCLOSED CREDIT CARD: MASTERCARD VISA DISCOVER

CREDIT CARD NUMBER

EXPIRATION DATE

NAME OF CARD HOLDER

SIGNATURE

CREDIT CARD BILL ADDRESS

CITY

STATE

ZIP CODE

Return your registration form(s) with payment in US dollars as follows:

- If paying by CHECK, make check payable to AAOMS and MAIL to: AAOMS
1779 Paysphere Circle
Chicago, IL 60674
- If paying by CREDIT CARD, complete credit card information below and FAX to: AAOMS at 847/678-6279
MAIL to: AAOMS
9700 West Bryn Mawr Avenue
Rosemont, IL 60018-5701 USA
- See page 100 of the program for the cancellation policy.

SAVE TIME! REGISTER BY JULY 31 AND YOUR REGISTRATION PACKET WILL BE MAILED TO YOU IN LATE AUGUST - INCLUDING MEETING BADGE AND ALL TICKETS.