

2009 Research Summit Registration Form

May 7th May 8th I plan to attend the 2009 Research Summit (check one or both dates)

Yes No I plan to attend the reception the evening of Thursday, May 7th

Yes No I will participate in a May 8th breakout group

You will only be able to participate in one breakout group. Please rank your choices for breakout group topics first (1) to last (4). Groups will be assigned on a first come first served basis.

- | | <u>Rank</u> |
|---|-------------|
| • Salivary Proteomics and Biomarkers | _____ |
| • Craniofacial Neuropathic Pain: Mechanisms and Advanced Imaging | _____ |
| • Advances in Simulation Technology | _____ |
| • Biomaterials, Developmental Biology, and Stem Cells in Tissue Engineering | _____ |

Hotel Accommodations Five minutes from O'Hare Airport

Attendees are responsible for their flight, reservation and hotel room costs. Please contact the Intercontinental Hotel and request the Research Summit meeting rate of \$174.50. Indicate that you are requesting a room from the AAOMS meeting block.

Intercontinental Hotel
5300 N. River Road
Rosemont, IL 60018
Reservations: (888) 424 6835
Front Desk Phone: (847) 544-5300
Fax: (847) 349-5201
On-Line Reservations: www.icohare.com

Attendee Information

Planned Arrival Date: _____ Planned Departure Date _____

Name: _____

Address: _____

State: _____ Country: _____

Ekv{ 'aaaa' _____ Zip Code: 'aaaaaaaaaaaa'

Telephone Number: _____ E-mail Address: _____

In order for us to properly plan for the 2009 Research Summit, kindly complete and return **this form by April 1, 2009**, via fax, e-mail, or mail to: Kyle Smith, Administrative Assistant, American Association of Oral and Maxillofacial Surgeons, 9700 Bryn Mawr Avenue, Rosemont, Illinois 60018, E-mail: ksmith@aaoms.org, Fax: 847-678-6286, Telephone: 847-233-4330