

## 2009 Young Investigators' Day and Research Summit Registration Form

- I plan to attend the May 6<sup>th</sup> Young Investigators' Day  
 Yes  No I plan to attend the reception the evening of May 6<sup>th</sup>
- May 7<sup>th</sup>  May 8<sup>th</sup> 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 7<sup>th</sup>  
 Yes  No I will participate in a May 8<sup>th</sup> 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](http://www.icohare.com)**

### Attendee Information

Planned Arrival Date: \_\_\_\_\_ Planned Departure Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ek{ : \_\_\_\_\_ Country: \_\_\_\_\_

Ucvg<"aaaaaaaaaaaaaaaaaaaaaaaaaaaaa"\*\*\*\*\*Zip Code:"aaaaaaaaaaaaa

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](mailto:ksmith@aaoms.org), Fax: 847-678-6286, Telephone: 847-233-4330