

Assistants' Courses Registration Form



Dental Implant Assisting Skills Lab
 Friday, December 4, 2009
 9:00am – 12:00noon
 Chicago, Illinois Sheraton Chicago
 Hotel & Towers

Dental Implant Assisting Skills Lab
 Friday, December 4, 2009
 1:00pm – 4:00pm
 Chicago, Illinois Sheraton Chicago
 Hotel & Towers

**Anesthesia Assistants Review Course (2-day)
 and**
 Saturday, December 5, 2009, 8:00am – 5:00pm,
 Sunday, December 6, 2009, 8:00am – 12:30pm
 Chicago, Illinois Sheraton Chicago Hotel & Towers

Courses presented in conjunction with the AAOMS Dental Implant Conference

Early Registration Deadline:

November 2, 2009

Space is limited—reserve your spot now!

Registration forms must be received no later than November 2, 2009. Cancellation notification must be made in writing to AAOMS headquarters, 9700 W. Bryn Mawr Avenue, Rosemont, IL 60018-5701. See cancellation of registration and refunds policy on page 12 for details.

Note: You will receive a confirmation of your registration once your registration has been received and accepted by AAOMS.

Registrant (Please print or type. A separate registration form must be completed for each attendee.)

Note: Registration for the Assistants' Courses does not include registration for the Dental Implant Conference. A separate registration fee must be paid for each program. Attendees of the AARC course will be allowed into the Exhibit Hall.

AAOMS ID Number _____

Name _____
 First Middle Initial Last

Sponsoring Doctor _____

Practice Name _____

Practice Address _____

City State Zip

Practice Phone _____

Fax _____

E-mail Address _____

Check here if special accommodations are required for any member of your party. List special needs below.

Source Code: D

Registration Fees

(Dental Implant Conference registration is not required to attend Skills Lab or AARC.)

Dental Implant Conference

Includes admission to all DIC symposia, complimentary lunch each day, breaks, exhibits and Friday evening reception.

Friday, December 4 – Sunday, December 6, 2009

Office Assistant General Registration Fee \$250.00 \$ _____

Dental Implant Assisting Skills Lab

Friday, December 4, 2009

9:00am – 12:00noon \$225.00 \$ _____

Dental Implant Assisting Skills Lab

Friday, December 4, 2009

1:00pm – 4:00pm \$225.00 \$ _____

Anesthesia Assistants Review Course

Saturday, December 5, 8:00am – 5:00pm and
 Sunday, December 6, 8:00am – 12:30pm

Standard Fee \$375.00 \$ _____

Current AAOMS DAANCE Participant Fee \$325.00 \$ _____

Late Registration Fee (Applies to individuals registering for the Dental Implant Conference after November 2, 2009) \$35.00 \$ _____

Total Registration Fees

\$ _____

Payment of Fees (Payment must be made in US currency.)

By Mail: Return your registration form together with your check for general registration fees, payable to AAOMS in US currency, or your Discover/Visa/MasterCard information to: AAOMS, Attn: Registration, 9700 W. Bryn Mawr Avenue, Rosemont, IL 60018-5701.

By Fax: If registering by fax, please complete the following credit card information and fax to AAOMS Headquarters, Attn: Registration, 847/678-6279, prior to 5:00 pm, November 2, 2009.

Payment Information

Credit Card: Visa MasterCard Discover

Name of Card Holder _____

Credit Card Number _____

Expiration Date _____

Signature _____

Credit Card Billing Address _____

City State Zip