About the Course
The Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office (APME) course curriculum covers emergencies in the office setting that OMS assistants may encounter and helps prepare them to provide assistance. While the APME material is designed for assistants who have previously taken the Anesthesia Assistants Review Course (AARC), having done so is not a prerequisite to attend this course. Topics covered include cardiovascular distress, respiratory distress and allergic reactions. Each topic contains examples presented in detail. This course provides excellent instruction that will ensure the OMS team is well prepared to manage office emergencies.

Objectives
At the conclusion of this program, participants should be able to:
1. Recognize potential and real emergencies.
2. Evaluate the underlying cause(s) of emergency situations.
3. Plan appropriate responses to specific emergencies.
4. Function as an integral part of the oral and maxillofacial surgery team to manage office emergencies.

Continuing Education Credit
The American Association of Oral and Maxillofacial Surgeons is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

The American Association of Oral and Maxillofacial Surgeons designates this activity for 12 continuing education credits.

AGD - Accepted Program Provider
FAGD/MAGD Credit
5/1/18 – 6/30/22
Provider ID# 214680

Registration Information
Space is limited, and registrations will be accepted on a first-come, first-served basis. Attendees can mail or fax the completed registration form or register online at AAOMS.org/OMSstaff. See the course registration form on page 5 or call 800-822-6637 for additional information.

NOTE: Badges and registration materials will be sent about one month prior to the course date. If you register less than one month before the course, you will need to pick up your badge and registration materials onsite.

Registration fees include the required text, which will be delivered to participants onsite.

AAOMS Allied Staff Member Registration
In order to receive the allied staff member rate, an allied staff member application must be on file. If interested in receiving the allied staff member rate, please wait to register until your membership has been approved. Please call the AAOMS Membership Department at 800-822-6637 for questions related to your membership status.

Cancellation Policy
Cancellations must be made in writing and faxed to AAOMS at 847-678-6279. A $75 cancellation fee will be applied if a written cancellation is received more than 14 days prior to a scheduled course. The entire registration fee will be forfeited if a written cancellation is received less than 14 days in advance.

General Hotel and Travel Information
Please do not make hotel or travel reservations until you have received the email confirmation of your course registration from AAOMS.

If you will be charging your hotel expenses to a credit card other than your personal card (i.e., your practice credit card) and the cardholder will not be present at check-in, you must contact the hotel at least two weeks prior to your scheduled check-in date to arrange billing authorization.

Rosemont Hotel and Travel Information
May 4–5, 2019
Loews Chicago O’Hare
5300 N. River Road
Rosemont, IL 60018

Reservations: Reservations can be booked by calling 877-868-9134. Use group code: AOMS519. For online reservations, visit AAOMS.org/OMSstaff.

Room Rate: $179 single/double per night plus tax; $10 additional person fee

AAOMS special room rate ends April 12, 2019.

Hotel Parking Cost: Parking at the hotel is $28 for overnight self-park and $38 for valet.

Subject to change.

Airport Transportation Cost: Taxi fare is approximately $20-$45 one-way.

A complimentary shuttle is available from O’Hare International Airport to the Loews Chicago O’Hare hotel. The shuttle runs every 20 minutes and is located by door 2 of the O’Hare Airport baggage claim area.

Subject to change.

Remember Our Overall Goals in the Treatment of Emergencies
2019 Registration Form (register online at AAOMS.org/OMSstaff)
Advanced Protocols for Medical Emergencies (APME)

Due to limited seating, registration for APME courses is on a first-come, first-served basis. A check or credit card information must accompany this form in order for your registration to be processed. Registration also is available online at AAOMS.org/OMSstaff.

COURSE DATES AND LOCATION
May 4–5, 2019, 5300 N. River Road, Rosemont, IL 60018

NOTE: Allied staff member pricing is available only to AAOMS fellows/members’ staff who have applied and been approved for AAOMS membership. Registration rates are based on the registrant’s membership status. Memberships are individual.

REGISTRATION FEES

- AAOMS allied staff member ID# $425
- Non-member staff of an AAOMS member** $500
- Non-AAOMS member staff $575

*If you are employed by an AAOMS member and you are not an AAOMS allied staff member, you must select the “Non-member Staff of an AAOMS Member” pricing.

Please use a separate form for each attendee. This form may be photocopied. Online registration is available at AAOMS.org/OMSstaff.

REGISTRANT
Please print or type. Note that all correspondence about the course will be sent to the contact information you provide here. Any changes to this information should be provided to AAOMS at 800-822-6637.

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<th>Registrant First Name</th>
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EMPLOYER

- AAOMS Member
- Other Dental Professional (please specify) Non-AAOMS member/sponsoring dental professional must enclose a copy of their valid anesthesia permit.

PAYMENT INFORMATION

Note: Payment in full must be received prior to course date.

Amount Due $ ________________________

- Check made payable to AAOMS enclosed

Credit Card:
- American Express
- Discover
- MasterCard
- Visa

Credit Card Number ________________________

Security Code
Expiration Date

Name of Cardholder ________________________

Cardholder Signature ________________________

Credit Card Billing Address ________________________

City ________________________

State ________________________

ZIP ________________________

Space is limited! Please return your completed registration form along with payment by April 19, 2019, as follows:

- Completed credit card information or check (made payable to AAOMS) can be mailed to: AAOMS Attn: Registration 9700 W. Bryn Mawr Ave. Rosemont, IL 60018-5701
- If paying by credit card, you also can submit by secure fax to AAOMS at 847-678-6279.