



## Committee Volunteer Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone & Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Number of years as  
an AO member

I am a:  
(check one box)

- General Dentist
- Oral and Maxillofacial Surgeon
- Periodontist
- Prosthodontist
- Other Dental Specialist
- Dental Assistant
- Dental Hygienist
- Dental Laboratory Technician
- Dental Scientist

I am interested in  
the following  
committees:

- Allied Professional Staff Education Subcommittee
- Annual Meeting Program Committee
- AO/OF Research Grant Committee
- Articles of Incorporation & Bylaws Committee
- Clinical Innovations Subcommittee
- Finance and Audit Committee
- Membership and Awards Committee
- Pre-Doctoral Education Forum Committee
- Professional Relations Committee
- Research Submission Committee
- William R. Laney Award Committee

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