

AO Meeting Registration

24th Annual Meeting • February 26 – February 28, 2009 • San Diego, CA

Please type or print your name exactly as you wish it to appear on the badge:

Register Online @ www.osseo.org

FIRST NAME	FAMILY NAME	DEGREE	OFFICE PHONE NO.	OFFICE FAX NO.
OFFICE ADDRESS	CITY	STATE	ZIP	COUNTRY
E-MAIL ADDRESS	NAME OF SPOUSE OR GUEST (IF REGISTERING)			

I am a(n):


AO Member since _____ (yr) Non-Member
 Student Member (letter from Chief of Service required) Student Non-Member (letter from Chief of Service required) Other _____ (Please specify)

Please indicate specialty:

Oral & Maxillofacial Surgeon Periodontist Prosthodontist
 General Dentist Auxiliary Staff Other (Please specify) _____

REGISTRATION FEES

	Through Jan. 18	Jan. 19 - Feb. 8	After Feb. 8	Amount Due
<input type="checkbox"/> AO Member (Doctors)	\$460	\$560	\$710	\$ _____
<input type="checkbox"/> Non-Member (Doctors)	\$860	\$960	\$1110	\$ _____
<input type="checkbox"/> Student Member (letter from Chief of Service required)	\$115	\$140	\$165	\$ _____
<input type="checkbox"/> Student Non-Member (letter from Chief of Service required)	\$335	\$385	\$535	\$ _____
<input type="checkbox"/> Auxiliary Staff (Member)	\$215	\$265	\$415	\$ _____
<input type="checkbox"/> Auxiliary Staff (Non-Member)	\$270	\$320	\$470	\$ _____
<input type="checkbox"/> Spouse/Companion	\$55	\$80	\$105	\$ _____

 Check here if you are disabled and require special services. Please attach a written description of your needs.

OPTIONAL PROGRAMS (Complimentary to all Meeting Registrants)

Dental Hygienist Program, Saturday, February 28

If attending only Dental Hygienist Program: AO Members – \$125; Non-Members – \$150 \$ _____

Dental Laboratory Technician Program, Saturday, February 28

If attending only Dental Laboratory Technician Program: AO Members – \$125; Non-Members – \$150 \$ _____

OPTIONAL LECTURES

Round Table Clinics, Friday, February 27

7:00 - 8:30 am (Member: \$75; Non-Member: \$100) Please rank in order of preference (See pages 10-11)
 1st choice _____; 2nd choice _____; 3rd choice _____; 4th choice _____; 5th choice _____ \$ _____

Limited Attendance Lectures, Friday, February 27

9:00 - 10:30 am (Member: \$95; Non-Member: \$125) Please rank in order of preference (See pages 12-13)
 1st choice _____; 2nd choice _____; 3rd choice _____; 4th choice _____; 5th choice _____ \$ _____

11:00 am - 12:30 pm (Member: \$95; Non-Member: \$125) Please rank in order of preference (See pages 12-13)
 1st choice _____; 2nd choice _____; 3rd choice _____; 4th choice _____; 5th choice _____ \$ _____

Lunch and Learn Sessions, Saturday, February 28 (Member: \$90; Non-Member: \$110)

12:00 - 1:30 pm Rank in order of preference the session you wish to attend (See page 17)
 1st choice _____; 2nd choice _____; 3rd choice _____; 4th choice _____; 5th choice _____ \$ _____

Total Enclosed \$ _____

Method of payment: Check* Visa Master Card American Express

CREDIT CARD NUMBER	SECURITY CODE	EXPIRATION DATE	SIGNATURE AS IT APPEARS ON CARD
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- *Make check payable to AO in U.S. funds only. Non-U.S. registrations can only be paid by credit card or U.S. Postal Money Order. Registrations confirmed by mail through February 8, 2009.
- All refund requests must be made in writing by February 8, 2009.
- Cancellations must be received before February 8, 2009, to qualify for a refund (minus \$75). **No refunds after February 8, 2009.**
- Please return this completed form with your credit card information or check to:

Academy of Osseointegration • 85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005 • (847) 439-1919 • Fax (847) 439-1569

DEADLINE FOR ADVANCE REGISTRATION: FEBRUARY 8, 2009