

# AO Meeting Registration

25th Annual Meeting • March 4-6, 2010 • Orlando, FL

**Register online at [www.osseo.org](http://www.osseo.org)**



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

First name                      Family name                      Degree                      Name of spouse or guest (if registering)

Office Address                      City                      State                      Zip                      Country


E-mail Address                      Office Phone No.                      Office Fax No.

**I am a(n):**

- AO Member
- Non-Member
- AO Student Member
- Student Non-Member  
(letter from Chief of Service required)
- Other (please specify)  
\_\_\_\_\_

**Please indicate primary specialty:**

- Oral & Maxillofacial Surgeon
- Periodontist
- Prosthodontist
- General Dentist
- Auxiliary Staff (Dental Technician,  
Nurse, Office Staff, Scientist, Technical  
Representative)
- Dental Public Health
- Endodontics
- Oral & Maxillofacial Pathology
- Oral & Maxillofacial Radiology
- Orthodontics
- Pediatric Dentistry
- Other (Please specify)  
\_\_\_\_\_

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

## Registration Fees *(see reverse side for optional programs and lectures)*

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

Total of this page \$ \_\_\_\_\_

**▶▶ Deadline for Advance Registration: February 8, 2010**



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## Optional Programs

**NEW**

### Hands-On Workshop (Wednesday, March 3; 8:00 am - 5:00 pm)

AO Members - \$400 Non-Members - \$500

These sessions will be organized into teams of two registrants. Certain registration restrictions apply. **See page 6 for details.**

**Registration for Hands-On Workshop is available online only at [www.osseo.org](http://www.osseo.org).**

**Participants must be registered for the Annual Meeting before registering for the Hands-On Workshop.**

### Dental Hygienist Program (Saturday, March 6) Complimentary to all Annual Meeting Registrants

(Program only - does not include Annual Meeting attendance) AO Members - \$125 Non-Members - \$150

I am registering to attend the 2010 Annual Meeting and choose to attend this program at no additional charge.

\$ \_\_\_\_\_  
 Yes \$ 0

### Dental Laboratory Technician Program (Saturday, March 6) Complimentary to all Annual Meeting Registrants

(Program only - does not include Annual Meeting attendance) AO Members - \$125 Non-Members - \$150

I am registering to attend the 2010 Annual Meeting and choose to attend this program at no additional charge.

\$ \_\_\_\_\_  
 Yes \$ 0

## Optional Lectures

### Round Table Clinics (Friday, March 5; 7:00 - 8:30 am)

AO Members - \$75 Non-Members - \$100

Please rank in order of preference: (see pages 10-11))

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_ \$ \_\_\_\_\_

### Limited Attendance Lectures

#### (Friday, March 5; 9:00 - 10:30 am)

AO Members - \$95 Non-Members - \$125

Please rank in order of preference: (see pages 12-13)

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_ \$ \_\_\_\_\_

#### (Friday, March 5; 11:00 am - 12:30 pm)

AO Members - \$95 Non-Members - \$125

Please rank in order of preference: (see pages 12-13)

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_ \$ \_\_\_\_\_

### Lunch & Learn Sessions (Saturday, March 6; 12:00 - 1:30 pm)

AO Members - \$90 Non-Members - \$110

Please rank in order of preference the session you wish to attend: (see page 18)

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_ 4th choice \_\_\_\_\_ 5th choice \_\_\_\_\_ \$ \_\_\_\_\_

**Total this page (B)** \$ \_\_\_\_\_

**Total from previous page (A)** \$ \_\_\_\_\_

**Total remittance (A & B)** \$ \_\_\_\_\_

**Method of payment:**  Check\*  Visa  MasterCard  American Express

CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE

SIGNATURE (AS IT APPEARS ON CARD)

- \* 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, 2010.
- All refund requests must be made in writing by February 8, 2010.

- Cancellations must be received before February 8, 2010 to qualify for a refund (minus \$75). No refunds after February 8, 2010.
- 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.**

By registering for this meeting, I hereby acknowledge and agree that AO or its agents may take photographs of me during events and may freely use those photographs in any media for AO's purposes, including but not limited to news and promotional purposes, without further compensation to me.