

Annual Meeting Registration



Academy of Osseointegration Annual Meeting

March 7-9, 2024 • Charlotte, North Carolina

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

First name	Family name	Degree	NPI # (U.S. Only)	
Office Address	City	State	Zip	Country
E-mail Address	Office Phone No.		Cell Phone No.	

<p>I am a(n):</p> <p><input type="checkbox"/> AO Member</p> <p><input type="checkbox"/> Non-Member</p> <p><input type="checkbox"/> AO Student Member</p> <p><input type="checkbox"/> Student Non-Member <i>(letter from Chief of Service required)</i></p> <p><input type="checkbox"/> Other (please specify)</p> <p>_____</p>	<p>Please indicate primary specialty:</p> <table border="0"> <tr> <td><input type="checkbox"/> Oral & Maxillofacial Surgeon</td> <td><input type="checkbox"/> Endodontics</td> </tr> <tr> <td><input type="checkbox"/> Periodontist</td> <td><input type="checkbox"/> Oral & Maxillofacial Pathology</td> </tr> <tr> <td><input type="checkbox"/> Prosthodontist</td> <td><input type="checkbox"/> Oral & Maxillofacial Radiology</td> </tr> <tr> <td><input type="checkbox"/> General Dentist</td> <td><input type="checkbox"/> Orthodontics</td> </tr> <tr> <td><input type="checkbox"/> Auxiliary Staff (Dental Technician, Nurse, Office Staff, Scientist, Technical Representative)</td> <td><input type="checkbox"/> Pediatric Dentistry</td> </tr> <tr> <td><input type="checkbox"/> Dental Public Health</td> <td><input type="checkbox"/> Other (please specify)</td> </tr> </table> <p>_____</p>	<input type="checkbox"/> Oral & Maxillofacial Surgeon	<input type="checkbox"/> Endodontics	<input type="checkbox"/> Periodontist	<input type="checkbox"/> Oral & Maxillofacial Pathology	<input type="checkbox"/> Prosthodontist	<input type="checkbox"/> Oral & Maxillofacial Radiology	<input type="checkbox"/> General Dentist	<input type="checkbox"/> Orthodontics	<input type="checkbox"/> Auxiliary Staff (Dental Technician, Nurse, Office Staff, Scientist, Technical Representative)	<input type="checkbox"/> Pediatric Dentistry	<input type="checkbox"/> Dental Public Health	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Oral & Maxillofacial Surgeon	<input type="checkbox"/> Endodontics												
<input type="checkbox"/> Periodontist	<input type="checkbox"/> Oral & Maxillofacial Pathology												
<input type="checkbox"/> Prosthodontist	<input type="checkbox"/> Oral & Maxillofacial Radiology												
<input type="checkbox"/> General Dentist	<input type="checkbox"/> Orthodontics												
<input type="checkbox"/> Auxiliary Staff (Dental Technician, Nurse, Office Staff, Scientist, Technical Representative)	<input type="checkbox"/> Pediatric Dentistry												
<input type="checkbox"/> Dental Public Health	<input type="checkbox"/> Other (please specify)												

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

Registration Fees

AO MEMBER	Through Jan. 8	Jan 9 - Feb. 12	After Feb. 12
<input type="checkbox"/> Doctor (DDS, DMD)	\$ 749	\$ 849	\$ 999
<input type="checkbox"/> Affiliate/Allied Staff (CDT, MDT, RDH, ROT, Office Staff) <i>Note: Each registrant must be their own member, not staff of an AO member.</i>	\$ 350	\$ 400	\$ 550
<input type="checkbox"/> Student	\$ 175	\$ 200	\$ 225
NON-MEMBER*			
<input type="checkbox"/> Doctor (DDS, DMD)	\$1,599	\$1,699	\$1,849
<input type="checkbox"/> Allied Staff (CDT, MDT, RDH, ROT, Office Staff)	\$ 405	\$ 455	\$ 605
<input type="checkbox"/> Student (letter from Chief of Service required)	\$ 400	\$ 450	\$ 700
<input type="checkbox"/> Non-Doctor (CEO, PharmD, PhD, Scientist, Other)	\$ 395	\$ 445	\$ 595
<input type="checkbox"/> Spouse/Guest (limit two guests per registrant)	\$150 ea.	\$175 ea.	\$200 ea.

Guest Name _____	Guest Name _____
<input type="checkbox"/> Boxed Lunch Ticket (ONE Lunch per Ticket) - Thursday \$35	<input type="checkbox"/> Boxed Lunch Ticket (ONE Lunch per Ticket) - Thursday \$35
<input type="checkbox"/> Boxed Lunch Ticket (ONE Lunch per Ticket) - Friday \$35	<input type="checkbox"/> Boxed Lunch Ticket (ONE Lunch per Ticket) - Friday \$35
<input type="checkbox"/> Boxed Lunch Ticket (ONE Lunch per Ticket) - Saturday \$35	<input type="checkbox"/> Boxed Lunch Ticket (ONE Lunch per Ticket) - Saturday \$35

Boxed Lunch tickets are only available for pre-purchase through Friday, February 23. On-site sales will not be permitted.

*AO membership applications MUST be received in AO office at least two weeks prior to registration deadlines to be eligible for member discount.

Apply online at www.osseo.org/become-a-member.

Total of this page \$ _____

Deadline for Advance Registration: February 12, 2024 • Register online at osseo.org

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Hands-on Workshops (Members -\$550 Non-Members - \$700)

Thursday, March 7

HOW-1: Correction of Soft Tissue Deformities Around Dental Implants (8:00 am - noon) \$ _____

HOW-2: Digital Planning of Implant Therapy (1:00 - 5:00 pm) \$ _____

Friday, March 8

HOW-3: Implant Provisionalization in the Esthetic Zone (8:00 am - noon) \$ _____

HOW-4: Vertical Bone Augmentation (12:30 - 3:45 pm) \$ _____

Saturday, March 9

HOW-5: Surgical Management of Peri-implant Diseases (8:00 am - noon) \$ _____

Team Program (Saturday, March 9, 8:00 am - 4:00 pm)

Complimentary to all Annual Meeting Registrants (not including Spouse/Guests)

(Program only - does not include Annual Meeting attendance) Members - \$200 Non-Members - \$225 \$ _____

I am registering to attend the Annual Meeting and choose to attend this program at no additional charge. Yes \$0

Optional Lectures

Morning With the Masters (Friday, March 8, 7:00 - 8:00 am)

Members - \$150 Non-Members - \$175 Please rank in order of preference:

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

Lunch With the Masters (Saturday, March 9, Noon - 1:30 pm)

Members - \$150 Non-Members - \$175 Please rank in order of preference:

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

Total from this page \$ _____

Total from previous page \$ _____

Total Remittance \$ _____

Deadline for Advance Registration: February 12, 2024
Register online at osseo.org

Method of Payment: Check* Visa MasterCard American Express

CC Number	Exp Date	Security Code
Name on card	Signature	

*Make checks payable to AO in U.S. funds only.

- Non-U.S. registrations: payable by credit card only.
- All refund requests must be made in writing by February 12, 2024.
- Cancel before February 12, 2024 to qualify for a refund (less \$75 fee).
- No refunds on cancellations after February 12, 2024.
- Please note, registrations are not transferable.

Send completed registration form along with payment to:

Academy of Osseointegration, Attn: Meeting Registration
85 W. Algonquin Rd., Ste. 550
Arlington Heights, IL 60005
Phone: (847) 439-1919
Email: registration@osseo.org

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Assumption of Risk and Waiver of Claims

By registering for this meeting:

- I plan to attend the 2024 AO Annual Meeting in person March 7 - 9, at the Charlotte Convention Center.
- I acknowledge that attending the Annual Meeting carries risk due to the contagious nature of the COVID-19 virus and the fact that the Annual Meeting will be held indoors with a large number of attendees. I have made the decision to attend the Annual Meeting in person with a full understanding of the inherent risks of such decision and agree as follows:
- I am attending the Annual Meeting voluntarily, and at my own risk. I understand that by attending, I risk being exposed to and/or infected with COVID-19, or other diseases, as a result of my actions or those of other attendees or participants, including, without limitation, AO's officers, directors, members, staff, agents, and representatives (collectively, "AO") and the Venue's employees. I hereby release, for myself, my heirs, and my personal representatives, and do forever discharge, indemnify and hold harmless AO and the venue from any and all claims, liabilities, actions, damages, costs or expenses of any kind arising out of, in connection with, or relating to my attending or participating in the Annual Meeting, including, without limitation, any illness, damages, or injury resulting from my travel to and from, and attendance at, the Annual Meeting, participation in events related to the Annual Meeting, exposure to an infectious disease (including COVID-19), or the manner in which the Annual Meeting or its related events and activities are conducted (collectively, "Claims"), whether a condition giving rise to any Claim occurred before, during, or after I attended or participated in the Annual Meeting.
- I will follow all required health and safety guidelines, protocols, policies, regulations and mandates relating to my attendance at the Annual Meeting, including, but not limited to, Centers for Disease Control guidelines, statutes, regulations and other mandates applicable to the locale of the Annual Meeting, as well as any additional requirements imposed by AO or the venue (regardless of whether federal, state, or local laws allow otherwise).
- I will monitor my own health status and will not attend the Annual Meeting if I am symptomatic of COVID-19 in any way, or if I believe I have been exposed to someone with COVID-19.
- I understand that I will not be allowed to attend the Annual Meeting unless I agree to be bound by the terms and conditions of this Assumption of Risk and Waiver of Claims form (Waiver) and that my failure to comply with required safety protocols or follow the direction of AO staff on site may result in the loss of my right to attend or participate in the Annual Meeting, including forfeiture of any registration fees paid.
- I hereby acknowledge that I have carefully read and understand this Waiver and agree to be bound by its terms and conditions.
- I hereby acknowledge and authorize (opt-in) to receive future correspondence from the AO and its authorized agents related to the 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.

Signature _____

Date _____

Register online at
www.osseo.org

