

Symposium Registration

Please check one:	By 1/31/19	After 1/31/19
Regular	<input type="checkbox"/> US \$898 (R10)	<input type="checkbox"/> US \$978 (R20)
AAP member* (no. _____)	<input type="checkbox"/> US \$728 (R30)	<input type="checkbox"/> US \$808 (R40)
Student**	<input type="checkbox"/> US \$498 (R50)	<input type="checkbox"/> US \$498 (R50)
Hygienist 4-day session	<input type="checkbox"/> US \$498 (R60)	<input type="checkbox"/> US \$498 (R60)
Hygienist Thursday (1-day session)	<input type="checkbox"/> US \$248 (R70)	<input type="checkbox"/> US \$248 (R70)

* It is imperative that AAP members submit their membership number. Failure to do so could result in a higher registration fee.

** To qualify for the student rate, participant must provide proof of **current** enrollment in a full-time accredited dental program. Student ID cards will not be accepted.

If you live outside the US and require a certificate for continuing education, you MUST check this box.

Symposium Registration Fee \$ _____

Optional Workshop Registration Fee \$ _____

Total Registration Fee \$ _____

Optional Workshop Registration *(Additional fee required)*

A Step-by-Step Approach to Treatment Planning:
An Educational Workshop with **Mauro Fradeani** US \$650 (R15)

Vertical and Horizontal Augmentation of the Atrophic Alveolar Ridge:
A Hands-On Workshop with **Istvan Urban** US \$1,350 (R25)

Nonsurgical Periodontal Therapy: Novel Modified Technique and New Protocols: A Hands-On Workshop with **Marisa Roncati** US \$398 (R35)

Peri-implant Diseases: Nonsurgical Periodontal Approach:
A Hands-On Workshop with **Marisa Roncati** US \$398 (R45)

Both Roncati workshops US \$598 (R55)

Soft Tissue-Guided Implant Therapy: A Hands-On Workshop with **Giovanni Zucchelli** US \$1,350 (R65)

Dental Photography Course: A Hands-On Workshop with **Miguel A. Ortiz** US \$750 (R75)

I agree to comply with all of the policies, rules, and regulations contained in the Advance Program.

SIGNATURE (Required)

DATE

Session Preferences

IMPORTANT! Marking your session preferences is essential for planning purposes. All sessions are full day unless otherwise noted. (Indicating your preference at this time does not obligate you to attend those sessions.)

Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Session I: Implant Tissue Esthetics	<input type="checkbox"/> Session I: Esthetic Implant Surgery	<input type="checkbox"/> Session I: Surgery, Materials, and Biology	<input type="checkbox"/> Session I: Successful Recession Treatment
<input type="checkbox"/> Session II: Regenerative and Esthetic Outcomes	<input type="checkbox"/> Session II: Ceramics	<input type="checkbox"/> Session II: Bone Augmentation for Site Development	<input type="checkbox"/> Session II: Peri-implantitis
<input type="checkbox"/> Session III: Precision Dentistry	<input type="checkbox"/> Session III (morning only): Tooth Versus Implant	<input type="checkbox"/> Session III: Implant Restorative Challenges	<input type="checkbox"/> Session III: Facial Esthetics
	<input type="checkbox"/> Session IV (afternoon only): Adult Orthodontics		

Personal Information

NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ COUNTRY _____

TELEPHONE _____

EMAIL _____

Please check one: General dentist Oral surgeon Periodontist
 Prosthodontist Student Other (please specify) _____

Payment Information

CHECK ENCLOSED (make payable to Quintessence Publishing Co Inc)

CHARGE TO: (circle one) Visa MasterCard American Express Discover

CARDHOLDER'S NAME

CREDIT CARD NUMBER

EXPIRES

SIGNATURE

To register additional participants, please photocopy this form.

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