

## Symposium Registration

<b>Please check one:</b>	<b>By 1/31/22</b>	<b>After 1/31/22</b>
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)

\* AAP members must submit their membership number. Failure to do so may result in higher registration fees.

\*\* 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)*

Vertical Ridge Augmentation with GBR — <b>Massimo Simion</b>	<input type="checkbox"/> US \$1,350 (R15)
Immediate Implant Placement and Provisionalization of Single Implants in the Esthetic Zone: Workshop for Beginners — <b>Ina Köttgen</b> and <b>Christopher Köttgen</b>	<input type="checkbox"/> US \$1,350 (R25)
Fundamentals of Dental Photography — <b>Miguel A. Ortiz</b>	<input type="checkbox"/> US \$850 (R35)
Soft Tissue Grafting with the Tunnel Technique — <b>Edward P. Allen</b>	<input type="checkbox"/> US \$1,350 (R45)
Peri-implant Diseases — <b>Marisa Roncati</b>	<input type="checkbox"/> US \$398 (R55)
Effective Periodontal Therapy — <b>Marisa Roncati</b>	<input type="checkbox"/> US \$398 (R65)
<i>Both Roncati workshops</i>	<input type="checkbox"/> US \$598 (R75)
Mucogingival Esthetic Surgery Around Implants — <b>Giovanni Zucchelli</b>	<input type="checkbox"/> US \$1,350 (R85)
Vertical Ridge Augmentation — <b>Istvan Urban</b>	<input type="checkbox"/> US \$1,350 (R95)

**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"/> <b>Session I:</b> BioXclude in Regeneration Surgery	<input type="checkbox"/> <b>Session I:</b> Saving Natural Teeth (AM only)	<input type="checkbox"/> <b>Session I:</b> Prevention and Correction of Peri-implantitis	<input type="checkbox"/> <b>Session I:</b> Treatment Planning Complex Esthetics
<input type="checkbox"/> <b>Session II:</b> Biologic Principles of Regeneration	<input type="checkbox"/> <b>Session II:</b> Adult Orthodontics (PM only)	<input type="checkbox"/> <b>Session II:</b> Ceramic Technology	<input type="checkbox"/> <b>Session II:</b> Biology for Loading Protocols
<input type="checkbox"/> <b>Session III:</b> Precision Dentistry	<input type="checkbox"/> <b>Session III:</b> Esthetic Adhesive/ Restorative Results	<input type="checkbox"/> <b>Session III:</b> More Bone! Today and the Future	<input type="checkbox"/> <b>Session III:</b> Maximizing Root Coverage
	<input type="checkbox"/> <b>Session IV:</b> Surgical Implant Esthetics		

## 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 \_\_\_\_\_ CVV \_\_\_\_\_ EXPIRES \_\_\_\_\_

SIGNATURE \_\_\_\_\_

To register additional participants, please photocopy this form.

**Mail or fax entire page to:** Quintessence Publishing Co Inc  
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