

REGISTRATION FORM AND SESSION PREFERENCES

Mail or fax entire page to:
 Quintessence Publishing Co Inc
 4350 Chandler Drive
 Hanover Park, Illinois 60133
 Fax: (630) 736-3633

(A) SYMPOSIUM REGISTRATION

PLEASE CHECK ONE:

- | | | |
|---|---|---|
| | By 1/31/10 | On or after 2/1/10 |
| Regular | <input type="checkbox"/> US \$628 (R10) | <input type="checkbox"/> US \$698 (R20) |
| AAP Member (no. _____)* | <input type="checkbox"/> US \$528 (R30) | <input type="checkbox"/> US \$598 (R40) |
| Student** | <input type="checkbox"/> US \$258 (R50) | <input type="checkbox"/> US \$258 (R50) |
| Hygienist 4-Day Session | <input type="checkbox"/> US \$298 (R60) | <input type="checkbox"/> US \$298 (R60) |
| Hygienist Thursday One-Day Session Only | <input type="checkbox"/> US \$118 (R70) | <input type="checkbox"/> US \$118 (R70) |

*It is imperative that AAP members submit their membership number. Failure to do so could result in a higher registration fee.
 **Please submit verification of student status with this registration form.

(B) THURSDAY WORKSHOP REGISTRATION

US \$998 (R80)

Alveolar Ridge Augmentation: A Hands-on Bone Grafting Technique Course
 Attendance is limited—see program for details.

SYMPOSIUM REGISTRATION FEE (A)	\$ _____
WORKSHOP REGISTRATION FEE (B)	\$ _____
TOTAL (A+B)	\$ _____

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ COUNTRY _____

TELEPHONE _____ FAX _____

EMAIL _____

PLEASE CHECK ONE:

- General dentist Oral surgeon Periodontist Prosthodontist
 Student Other (please specify) _____
- 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 _____

SESSION PREFERENCES

IMPORTANT! You must check below those sessions you plan to attend because there will be three concurrent sessions each day. Indicating your preference at this time does not obligate you to attend these sessions.

- | | |
|--|--|
| <input type="checkbox"/> Thursday all day: Contemporary Concepts in Implant Dentistry | <input type="checkbox"/> Saturday all day: Treatment Longevity for the Periodontally Compromised Patient |
| <input type="checkbox"/> Thursday all day: Clinical Regeneration: Surgical Approach to Enhance Restorative Results | <input type="checkbox"/> Saturday all day: Ceramics: The Masters Reach for Ultimate Esthetics |
| <input type="checkbox"/> Thursday all day: Maintenance of the Periodontal Patient: 21st Century Advances for the Practicing Clinician | <input type="checkbox"/> Saturday all day: Extraction Wound Healing and Immediate Loading |
| <input type="checkbox"/> Friday all day: The Biologic Approach to Dental Implants | <input type="checkbox"/> Sunday all day: Risk Factors Challenging Implant Success |
| <input type="checkbox"/> Friday all day: Periodontal Regeneration: The Determinants of Efficacy | <input type="checkbox"/> Sunday all day: Advances in Periodontal Plastic Surgery to Enhance Restorative Results |
| <input type="checkbox"/> Friday morning: Optimizing Esthetic Results When Treating the Gummy Smile | <input type="checkbox"/> Sunday all day: Localized Ridge Augmentation for Implant Placement and Restoration |
| <input type="checkbox"/> Friday afternoon: The Orthodontic Connection to Other Dental Disciplines | |