



Register online at AAOMS.org/DIC



Online-only Access Registration Form

AAOMS Dental Implant Conference and Preconference Courses | Dec. 4 – 6

Registrant AAOMS ID Number _____ Please print or type. A separate registration form must be completed for each attendee.

First Name Middle Initial Last Name Degree(s) Nickname

Practice Name

Practice Address City State/Province/County ZIP/Postal Code Country

Practice Phone Fax Email (A unique email address is required for each registrant.)

General Registration Fees

Registrant: Check proper category. All fees are listed in U.S. dollars.

	Through Oct. 31	After Oct. 31 and onsite
<input type="checkbox"/> AAOMS fellow/member/provisional/ affiliate/candidate/applicant/retired/life	\$ 875	\$ 975
<input type="checkbox"/> General dentist/other dental professional <i>To receive \$250 off the general registration fee, enter promo code provided _____ and AAOMS member name _____</i>	\$1,125	\$1,225
<input type="checkbox"/> U.S. OMS who is not a member of AAOMS	\$2,510	\$2,610
<input type="checkbox"/> AAOMS resident member/U.S. dental student	\$ 0	\$ 0
<input type="checkbox"/> International resident	\$1,125	\$1,225
<input type="checkbox"/> International OMS who is not a member of AAOMS	\$1,125	\$1,225
<input type="checkbox"/> International general dentist/ other dental professional	\$1,125	\$1,225

Preconference Courses

All preconference attendees also must register for the Dental Implant Conference. Didactic preconference sessions will be live-streamed and recorded and provided as archived content on-demand Dec. 15, 2025, to Feb. 13, 2026.

Dec. 4 | 1 – 4:30 p.m.

- | | |
|---|-------|
| <input type="checkbox"/> P01 – Elite Practice Growth: Direct to Consumer
Strategies vs. Referral-Based Patient Acquisition | \$300 |
| <input type="checkbox"/> P02 – Latest Developments in
Comprehensive Digital Workflow | \$300 |

Total Due \$ _____

Professional Background (choose one)

- | | |
|---|--|
| <input type="checkbox"/> AAOMS fellow/member | <input type="checkbox"/> OMS resident/dental student |
| <input type="checkbox"/> OMS who is not an AAOMS member | <input type="checkbox"/> Periodontist |
| <input type="checkbox"/> Prosthodontist | <input type="checkbox"/> Lab technician |
| <input type="checkbox"/> General dentist | <input type="checkbox"/> AAOMS allied staff member |
| <input type="checkbox"/> Other staff of an AAOMS member | |
| <input type="checkbox"/> Other dental specialist _____ | |

I agree to share my data, including my full name and mailing address, with corporate supporters and exhibitors of this conference.

☐ Yes ☐ No

Payment Information

Credit Card ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Credit Card Number Security Code Expiration Date

Name of Cardholder Signature

Credit Card Billing Address

City State/Province ZIP/Postal Code

Payment of Fees

Return your registration form(s) with payment in U.S. dollars as follows:

- Completed credit card information or check (made payable to AAOMS) can be mailed to: AAOMS
Attn: Registration
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701

- If paying by credit card, you also can submit by secure fax to AAOMS at 847-678-6279.

Registration forms must be received no later than Dec. 31.

Note: You will receive an email confirmation of your registration and details immediately after your registration has been processed. Online-only registration will remain open until Dec. 31.

Cancellation policy: No refunds will be issued for the online program.