

Housing and Registration Form



106TH ANNUAL MEETING

Oct. 31 - Nov. 3, 2020 | Honolulu

**American Academy
of Periodontology**



HOW TO REGISTER

Please complete all applicable sections (one professional registrant per form) prior to submitting the registration form. Forms submitted without payment information will not be processed. Checks drawn on a U.S. bank in U.S. dollars made payable to the American Academy of Periodontology, or credit card (Visa, MasterCard, Discover or American Express only) are acceptable forms of payment. In order to receive the member rate, 2020 membership dues must be paid prior to registration.

Registration forms must be received by 11:59 p.m. EDT on March 20, 2020, for the early-bird pricing. Confirmations will be emailed if an email address is provided; allow 72 hours for receipt. Contact Experient at 1-800-424-5249 or +1-847-996-5829 if you do not receive your information within this time period.

■ **Online** (preferred method)
am2020.perio.org

■ **Mail** (check or credit card)
Experient/AAP Annual Meetings 2020
5202 Presidents Court, Ste. G100
Frederick, MD 21703

■ **Fax** (credit card)
301-694-5124

■ **Phone** (credit card)
800-424-5249 +1-847-996-5829
(U.S. participants) (international participants)

Liability Waiver And Payment Information (required)

By registering for this meeting, I acknowledge and assume all risks associated with participation in the meeting and any associated events and/or activities, without limitation. I hereby knowingly waive and release the American Academy of Periodontology (AAP), the American Academy of Periodontology Foundation (AAPF), their employees, directors, officers, volunteers, agents, and successors from any and all claims, liabilities, or causes of action, including without limitation, death, bodily injury, property damage, or other loss or damages arising from my participation in this meeting and associated events and/or activities.

Signature _____

Photography Disclaimer (required)

The AAP and the AAPF reserve the right to photograph, videotape, and otherwise capture events and participants of this conference for unrestricted, nonexclusive, perpetual use in all media and forms of communication whether now existing or hereafter developed. By attending this conference, you acknowledge and agree that AAP and AAPF may use such images and recordings without your written permission or paying you compensation, and you permanently release AAP and AAPF, and their respective successors and assigns, from any and all claims and liability arising from or relating to the making and use of such images and recordings.

Signature _____

PERSONAL INFORMATION *City and state provided will be printed on your badge.*

AAP Membership # _____ (required for members)

Check here if you are an ABP Diplomate Check here if you are a first-time attendee

First Name _____ Last Name _____

Call Name for Badge _____ DDS DMD RDH Other (specify) _____

Address _____

City _____ State _____ Postal Code _____ Country (other than USA) _____

Phone _____ Fax _____ Email _____

Emergency Contact (mandatory) _____ Phone _____

AAP recognizes the need to comply with the Americans with Disabilities Act. Please check here if you have special needs. An Experient staff member will contact you regarding your requirements.

Demographic Information: Male Female Years in practice: 0-5 6-10 11-15 years 16-20 21+

Section A	Registration Categories	(Select One)		
MEMBERS		Early Bird	Advance	On Site
<input type="checkbox"/>	RG01 Active Member	\$782	\$910	\$1026
<input type="checkbox"/>	RG02 Associate Member	\$782	\$910	\$1026
<input type="checkbox"/>	RG03 International Member	\$782	\$910	\$1026
<input type="checkbox"/>	RG04 Life Active Member	\$782	\$910	\$1026
<input type="checkbox"/>	RG05 Retired Member	\$438	\$554	\$682
<input type="checkbox"/>	RG06 Student Member	\$228	\$344	\$461
<input type="checkbox"/>	RG07 General Assembly Only <small>Only available to Active/Life Active members; no meeting participation</small>	Complimentary		
NON-MEMBERS/OTHER		Early Bird	Advance	On Site
<input type="checkbox"/>	RG08 Non-Member Dentist/Periodontist	\$1,662	\$1,799	\$1,936
<input type="checkbox"/>	RG09 Sponsored Non-Member Dentist/Periodontist Sponsor Code: _____	\$1,486	\$1,623	\$1,760
<input type="checkbox"/>	RG10 Dental Student Interest Group (DSIG)	\$69	\$98	\$128
<input type="checkbox"/>	RG11 Non-Member Student	\$351	\$470	\$713
<input type="checkbox"/>	RG12 Dental Hygienist Full Conference	\$499	\$642	\$776
<input type="checkbox"/>	RG13 Office Staff	\$499	\$642	\$776
<input type="checkbox"/>	RG14 Spouse/Guest Name: _____	\$154	\$154	\$154
<input type="checkbox"/>	RG15 Dental Hygiene Symposium Only <small>Must register for EV3</small>	Course fees		
<input type="checkbox"/>	RG16 Insurance Workshops Only <small>Must register for at least 1 IW</small>	Course fees		
<input type="checkbox"/>	RG18 Corporate Forum Registration Only <small>No meeting participation; allows access to Corporate Forum only</small>	Complimentary		
<input type="checkbox"/>	RG20 Exhibits Only Registration	\$110	\$165	\$220
<input type="checkbox"/>	RG21 Student Exhibits Only Registration <small>(on site only; must present a valid student ID)</small>	N/A		\$25
<input type="checkbox"/>	RG23 JSP/JACP Member	\$782	\$910	\$1,026
<input type="checkbox"/>	RG24 JSP/JACP Resident	\$228	\$344	\$461
<input type="checkbox"/>	RG25 JSP/JACP Dental Hygienist	\$499	\$642	\$776
<input type="checkbox"/>	RG26 JSP/JACP Office Staff	\$499	\$642	\$776
Section A Registration Categories Total		\$		

Save time and register online at am2020.perio.org



Section B | Ticketed Courses/Events

(Check box at left, indicate number of tickets, and total at right)

SATURDAY, OCTOBER 31, 2020		Time	Quantity	Cost	\$ Total
<input type="checkbox"/> EV1	Sedation Session I	7:45 - 11:15 a.m.		\$65	
<input type="checkbox"/> HW1	Hands-on Workshop: Achieving Successful Soft Tissue Graft Around Natural Dentition and Implants	7:45 - 11:15 a.m.		\$995	
<input type="checkbox"/> HW2	Hands-on Workshop: Thirty Years of Experience on Maxillary Sinus Augmentation: A Hands-On Workshop and Literary Review	7:45 - 11:15 a.m.		\$995	
<input type="checkbox"/> HW3	The Entrepreneurial Mini Boot Camp: Tools and Strategies for Success	7:45 - 11:15 a.m.		\$995	
<input type="checkbox"/> EV2	Sedation Session II	12:15 - 3:45 p.m.		\$65	
<input type="checkbox"/> EV3	Dental Hygiene Symposium	7:45 a.m. - 12:45 p.m.		\$99	
<input type="checkbox"/> IW2	Insurance Workshop: The Science of Coding IW2A-B	8 - 11 a.m.		\$275	
<input type="checkbox"/> IW2A	Insurance Workshop: Description Pending	8 - 9:15 a.m.		\$149	
<input type="checkbox"/> IW2B	Insurance Workshop: Description Pending	9:45 - 11 a.m.		\$149	
<input type="checkbox"/> EV4	Predoctoral Educators Workshop <i>Complimentary for AAP invitees with Periodontal Educator designation</i>	7:45 - 11:15 a.m.		N/A	
<input type="checkbox"/> EV5	Predoctoral Directors Business Meeting <i>Complimentary for AAP member invitees with Predoctoral Director designation</i>	Noon - 1:30 p.m.		N/A	
SUNDAY, NOV. 1, 2020					
<input type="checkbox"/> IW3	Insurance Workshop: Primer 101 and 201 (both sessions IW3A-B)	7 a.m. - 2 p.m.		\$495	
<input type="checkbox"/> IW3A	Insurance Workshop: Periodontal Coding Primer 101	7- 10 a.m.		\$275	
<input type="checkbox"/> IW3B	Insurance Workshop: Periodontal Coding Primer 201	11 a.m. - 2 p.m.		\$275	
<input type="checkbox"/> EV6	Student and New Periodontist Session <i>Complimentary for AAP Student members and AAP Active members who have completed residency within the last 2 years</i>	10:45 a.m. - 12:45 a.m.		N/A	
<input type="checkbox"/> EV7	Student and New Periodontist Reception <i>Complimentary for AAP Student members and AAP Active members who have completed residency within the last 2 years</i>	6 - 8 p.m.		N/A	
<input type="checkbox"/> EV12	Aloha Reception	5 - 6:30 p.m.		\$60	
MONDAY, NOV. 2 2020					
<input type="checkbox"/> EV8	AAPF Estate Planning Breakfast <i>Complimentary</i>	6:30 - 8 a.m.		N/A	
<input type="checkbox"/> EV10	Postdoctoral Educators Workshop <i>Complimentary for AAP member invitees with Postdoctoral Educator member designation</i>	7:45 - 11:15 a.m.		N/A	
<input type="checkbox"/> EV11	Postdoctoral Directors Business Meeting <i>Complimentary for AAP member invitees with Postdoctoral Director designation</i>	Noon - 1:30 p.m.		N/A	
OTHER					
<input type="checkbox"/> EV9	VIP Experience (full registration required)			\$200	
Section B Ticketed Courses/Events Total					\$

Availability is limited for ticketed sessions/events. Visit perio.org for the most up-to-date information and availability. The AAP cautions participants for CE activities about the potential risks of using limited knowledge when incorporating new techniques and procedures in their practice.

Section C | Housing/Hotel Selection

(Rank hotels (1, 2 or 3) by preference and check occupancy for each (one room per professional registrant))

<input type="checkbox"/>	Hilton Hawaiian Village (Headquarters) Resort View Room	<input type="checkbox"/> \$265 Single	<input type="checkbox"/> \$265 Double	<input type="checkbox"/> \$315 Triple	<input type="checkbox"/> \$365 Quad
<input type="checkbox"/>	Hilton Hawaiian Village (Headquarters) Partial Ocean View Room	<input type="checkbox"/> \$285 Single	<input type="checkbox"/> \$285 Double	<input type="checkbox"/> \$335 Triple	<input type="checkbox"/> \$385 Quad
<input type="checkbox"/>	Hilton Hawaiian Village (Headquarters) Ocean View Room	<input type="checkbox"/> \$305 Single	<input type="checkbox"/> \$305 Double	<input type="checkbox"/> \$355 Triple	<input type="checkbox"/> \$405 Quad
<input type="checkbox"/>	Prince Waikiki Run of Ocean Room	<input type="checkbox"/> \$264 Single	<input type="checkbox"/> \$264 Double	<input type="checkbox"/> \$339 Triple	
<input type="checkbox"/>	Prince Waikiki Ocean Front Room	<input type="checkbox"/> \$304 Single	<input type="checkbox"/> \$304 Double	<input type="checkbox"/> \$379 Triple	
<input type="checkbox"/>	Ala Moana Kona Tower Room	<input type="checkbox"/> \$194 Single	<input type="checkbox"/> \$194 Double		
<input type="checkbox"/>	Ala Moana Waikiki Tower Room	<input type="checkbox"/> \$212 Single	<input type="checkbox"/> \$212 Double	<input type="checkbox"/> \$262 Triple	<input type="checkbox"/> \$312 Quad

A credit card guarantee is necessary at the time of booking (expiration date of 12/20 or later). Experient will forward the credit card information to your hotel. The hotel will charge a one night's room and tax deposit to the credit card upon receipt of the reservation data in October 2020. Rates shown are inclusive of a \$14 per room per night rebate to Experient.

No hotel reservation needed (If staying outside the AAP room block, Indicate hotel): _____

Special needs Audio Visual Mobile Other: _____

I plan to share a room with (full name): _____

Arrival Date _____/_____/_____

Departure Date _____/_____/_____

Section C | Housing/Hotel Selection Total \$

PAYMENT INFORMATION

Total Amount Due From Sections A-C

\$

I have enclosed a check, drawn in U.S. funds (from a U.S. bank) in the amount of \$ _____

Please charge my credit card in the amount of \$ _____

MasterCard Visa American Express Discover

Card Number _____

CVC Code _____ EXP Date (MM/YY) _____

Print Card Holder's Name _____

Signature _____ Date _____

**Only credit card payments may be faxed. Your card will be charged upon receipt of this form.*