Registration Form



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.



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) 330-425-4983
- Phone (credit card)

800-424-5249 (U.S. participants)

+1-847-996-5829 (international participants)

PERSONAL INFORMATION AAP Membership #			(re	equired for members)
First Name	Last N	ame		
Call Name	□ DDS	DMD RDH	☐ Other (specify)	
Address				
City	State	Postal Code	Country (other	than USA)
Phone	Fax	Email		
Demographic Information: Male Femal	le Years in prac	tice: 🗖 0-5 📮 6-1	10 □ 11-15 years □	1 6-20 2 1+
_ •				

عًى ت

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

REGISTRATION CATEGORIES (Select One)

MEMBERS	Fees
RG01 Active Member	\$499
☐ RG02 Associate Member	\$499
☐ RG03 International Member	\$499
□ RG04 Life Active Member	\$499
☐ RG05 Retired Member	\$349
□ RG06 Resident Member	\$149
NON-MEMBERS/OTHER	
RG08 Non-Member Dentist/Perio-	\$699
☐ RG11 Non-Member Resident	\$299
□ RG23 JSP/JACP Member	\$499
□ RG24 JSP/JACP Resident	\$149
Total Amount Due	\$

PAYMENT INFORMATION

☐ I have enclosed a check, drawn in U.S. funds (from a U.S. bank) in the amount of					
□ Please charge my (□ MasterCard □ Visa □ American Express □ Discover) credit card in the amount of					
*Only credit card payments may be faxed. Your card will be charged upon receipt of this form.					
Card Number					
CVC Code	EXP Date (MM/YY)				
Print Card Holder's Name					
Signature	Date				

Virtual Meeting Code of Conduct Disclaimer (required)

AP is committed to providing a safe, productive, and welcoming environment for all meeting participants and AAP staff. All participants, including, but not limited to, attendees, speakers, volunteers, exhibitors, AAP staff members, service providers, and all others are expected to abide by this Virtual Programs Code of Conduct. This Policy applies to all AAP meeting-related events, including those sponsored by organizations other than AAP but held in conjunction with AAP events, on public or private platforms.

AAP has zero-tolerance for any form of discrimination or harassment, including but not limited to sexual harassment by participants or our staff at our meetings. If you experience harassment or hear of any incidents of unacceptable behavior, AAP asks that you inform us at meetings@perio.org or by calling 312-787-5518 so that we can take the appropriate action.

Unacceptable Behavior is defined as:

- Harassment, intimidation, or discrimination in any form.
- Verbal abuse of any attendee, speaker, volunteer, exhibitor, AAP staff member, service provider, or other meeting guest.
- Examples of verbal abuse include, but are not limited to, verbal comments related to gender, sexual orientation, disability, physical

appearance, body size, race, religion, national origin, inappropriate use of nudity and/or sexual images in public spaces or in presentations, or threatening or stalking any attendee, speaker, volunteer, exhibitor, AAP staff member, service provider, or other meeting guest.

- Disruption of presentations during sessions, in the exhibit hall, or at other events organized by AAP throughout the virtual meeting.
 All participants must comply with the instructions of the moderator and any AAP virtual event staff.
- Presentations, postings, and messages should not contain promotional materials, special offers, job offers, product announcements, or solicitation for services. AAP reserves the right to remove such messages and potentially ban sources of those solicitations.
- Participants should not copy or take screen shots of Q&A or any chat room activity that takes place in the virtual space.
- AAP reserves the right to take any action deemed necessary and appropriate, including immediate removal from the meeting without warning or refund, in response to any incident of unacceptable behavior, and AAP reserves the right to prohibit attendance at any future meeting, virtually or in person.

Signature			
Jigilatuic			

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.