

64th Annual Meeting Registration

February 20 – 22, 2019 - Downtown Marriott, Chicago, IL

Name _____
(Last) (First) (Middle Initial) (Degrees)

Complete mailing address _____
(Street Address) (P.O. Box, if applicable)

(City) (State/Province) (Zip/Postal Code) (Country)

(Phone: Area Code and Number) (Fax: Area Code and Number) (Email)

What first name would you prefer printed on your badge? _____ **Referred By** _____

Meeting Registration Fee Category	Early Bird Fee Until Jul 8, 2018	Regular Fee After July 8, 2018	Join AES	Total
<input type="checkbox"/> AES Active Member	\$700	\$750		<input type="text"/>
<input type="checkbox"/> AES Life Member	\$500	\$500		<input type="text"/>
<input type="checkbox"/> Non-Member Dentist/Physician	\$900	\$1,000	\$50	<input type="text"/>
<input type="checkbox"/> Introductory Rate AAOP Members	\$700	\$750	\$300	<input type="text"/>
<input type="checkbox"/> Introductory Rate ACP Members	\$700	\$750	\$300	<input type="text"/>
<input type="checkbox"/> Graduate Student Member	\$500	\$500		<input type="text"/>
<input type="checkbox"/> Affiliate Members or Office Staff or Graduate Student Non-Member	\$700	\$750		<input type="text"/>

Post Conference Workshops - Friday, February 22, 2019

Post-Conference 1: "The Study of Equilibration - A Hands-on Course." - Ted Johnson, DDS; Dan Selner, DDS; Kenneth Peters, DDS

Meeting Registration Fee Category	Early Bird Fee Until Jul 8, 2018	Regular Fee After July 8, 2018	Total
<input type="checkbox"/> AES Active Member	\$350	\$400	<input type="text"/>
<input type="checkbox"/> AES Life Member	\$350	\$400	<input type="text"/>
<input type="checkbox"/> Non-Member Dentist/Physician	\$400	\$450	<input type="text"/>
<input type="checkbox"/> Graduate Student/Affiliate Member	\$350	\$400	<input type="text"/>
<input type="checkbox"/> Graduate Student/Affiliate Non-Member	\$400	\$450	<input type="text"/>

Post Conference Workshops - Friday, February 22, 2019

Post-Conference 2: "Let's Play: The Latest and Greatest in Dental Technology." - John Droter, DDS

Meeting Registration Fee Category	Early Bird Fee Until Jul 8, 2018	Regular Fee After July 8, 2018	Total
<input type="checkbox"/> AES Active Member	\$350	\$400	<input type="text"/>
<input type="checkbox"/> AES Life Member	\$350	\$400	<input type="text"/>
<input type="checkbox"/> Non-Member Dentist/Physician	\$400	\$450	<input type="text"/>
<input type="checkbox"/> Graduate Student/Affiliate/ Staff	\$350	\$400	<input type="text"/>
<input type="checkbox"/> Graduate Student Non-Member	\$400	\$450	<input type="text"/>

Social Events Fee

President's Reception • Wednesday, February 20, 2019, at 6:30-8:30PM No Charge

Please note that while there is no additional cost to attend the President's Reception, space is limited, so please let us know if you are attending and bringing a guest. Are you attending the President's Reception? Yes No

If you are attending the reception, is someone going to accompany you? If so, please give us the name:

Are you attending lunch on Wednesday? Yes No Thursday Yes No

Do you have any medical dietary restrictions? Yes No If so, please list them: _____

**Total
Attending
Reception**

Return this registration form to:

AES Central Office, 207 E. Ohio Street, Suite 399, Chicago, IL 60611

Make checks payable to: American Equilibration Society (US \$ Only) • If you wish to pay by credit card, please complete the following information (Please print):

Name On Card: _____
(Last) (First) (Middle Initial)

Card Type: Visa Mastercard Amex Card Number: _____ Expiration Date: _____

Validation Code: _____ (The last 3 digits of the non-embossed number printed on the back of your Visa or MC. The 4 digits on the front of your AMEX. Payments will not be processed without this code.)

Signature: _____ Date: _____

Total Enclosed (or to be billed by credit card):



MEMBERSHIP APPLICATION

If you registered for the annual scientific meeting you do not need to fill in the contact information.

1. Name (Last) (First) (Middle Initial) (Degrees)
2. Complete mailing address (Street Address) (P.O. Box, if applicable) (City) (State/Province) (Zip/Postal Code) (Country) (Phone: Area Code and Number) (Fax: Area Code and Number) (Email)
3. Date of birth How many years in practice
4. Have you previously applied for membership in the American Equilibration Society?
5. Dental/Medical education (Institution) (Degree) Year
6. Graduate education (Institution) (Degree) Year
7. Website:
8. Licensed in what States/Provinces/Countries:
9. Do you have a recognized specialty?
10. What percentage of your practice is devoted to treatment of TMJ, Muscle or Occlusal dysfunction?
11. University Affiliation: (Teaching or Research)
12. Other Affiliations: (Hospital, Governmental, Military, etc.)
13. Postgraduate Education:
17. If elected to membership in the American Equilibration Society, I agree to abide by the Constitution, By-Laws and other rulings of the Society.

In order to be recognized as a member at the next Annual Meeting in February, a fee of \$400.00 must accompany this application, made payable to the AES and received by January 31st. The annual dues are not prorated and the annual membership year runs from July 1 to June 30. Member benefits include: (a) Access to the AES Members section of the website (b) The Journal of Prosthetic Dentistry electronically (c) discounted attendances at the Annual Meeting and the President's Reception. (d) The AES Contact (newsletter) (e) Annual updated International Membership Directory (hardcopy) (f) A listing with full web links in the searchable AES online directory which is utilized by patients and colleagues regularly.

MEMBERSHIP YEAR (JULY 1- JUNE 30) • Annual Dues: \$400.00

RETURN TO:

Total Enclosed (or to be billed by credit card):

Membership Committee

AMERICAN EQUILIBRATION SOCIETY, 207 E. Ohio Street, Suite 399, Chicago, IL 60611

All funds from Outside the United States must be paid in U.S. Bank Draft or International Money Order only!

Name On Card: (Last) (First) (Middle Initial)

Card Type: Visa Mastercard Card Number: Expiration Date:

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Signature: Date: