



Oral Medicine and Immunity

April 13 – 17, 2010

Hyatt Regency Tamaya Resort and Spa, Santa Ana Pueblo, New Mexico

REGISTRATION FORM

Register online at www.aaom.com

Oral Medicine: We Bring Medicine to Dentistry

Name: _____ Badge Name: _____

Institution or Company Name: _____

Address _____

City _____ State _____ Zip/PostalCode _____ Country _____

Email _____ Office Phone _____ Office Fax _____

Are you an Academic Fellow? Yes No Are you an ABOM Diplomate? Yes No

If you are a Diplomate, will you be attending the Diplomate luncheon on Thursday, April 15, 2010? Yes No

Additional Registrants – Please list the names of any accompanying guests. Auxiliary Member Name _____

Guest Name _____ Guest Name _____

Registration: *There is only one registration fee for this meeting. If you are an AAOM member attending with an Auxiliary Member or Guest, it is suggested that you send the additional \$40 for auxiliary dues to receive the reduced registration fee of \$300 and membership privileges for active auxiliary members. No refunds will be granted for functions not attended. Registrants must purchase a full registration. Auxiliary Members and Guests may attend meeting/social functions only if they purchase a full Auxiliary or Guest registration. Cocktail attire (coat/jacket for men and dress/suit for women) is suggested for the President's Reception and Awards Banquet.*

AAOM Member in Good Standing (Dues Paid for 2010)	\$495 x _____ = \$ _____
Auxiliary Member in Good Standing (Dues Paid for 2010)	\$300 x _____ = \$ _____
AAOM Auxiliary Dues	\$ 40 x _____ = \$ _____
AAOM Member Children under 18	\$200 x _____ = \$ _____
Full-Time Student or Resident (Please list name of School/Hospital)	\$300 x _____ = \$ _____
Student Graduate Awardee Member	\$300 x _____ = \$ _____
Non-Member Doctor	\$650 x _____ = \$ _____
Non-Member Guest	\$425 x _____ = \$ _____
Board Review Course	\$ 30 x _____ = \$ _____
Academic Fellowship Course	\$ 35 x _____ = \$ _____
Oral Cancer Early Detection Course	\$ 35 x _____ = \$ _____
Late Registration Fee \$100 if Postmarked after March 26, 2010	\$100 x _____ = \$ _____

Total Amount Due \$ _____

President's Reception and Awards Banquet, April 16, 2010 ---- Will you be attending the Awards Banquet? Yes No

If you are attending, please select an entrée choice for each person attending:

AAOM Member _____ Chicken _____ Fish _____ Vegetarian	AAOM Auxiliary Member _____ Chicken _____ Fish _____ Vegetarian
AAOM Guest _____ Chicken _____ Fish _____ Vegetarian	AAOM Guest _____ Chicken _____ Fish _____ Vegetarian
AAOM Non-Member Doctor _____ Chicken _____ Fish _____ Vegetarian	AAOM Non-Member Guest _____ Chicken _____ Fish _____ Vegetarian

(Please complete payment information on reverse side)

Oral Medicine and Immunity Registration Information & Instructions

- Please type or print information and complete all application sections of this form. Incomplete or illegible forms will be returned.
- The exact amount for the Annual Meeting Registration Fee must be returned with your registration form. Please make checks payable to the American Academy of Oral Medicine in U.S. funds payable through a U.S. Bank or International Money Order
- Registration forms must be postmarked no later than Friday, March 26, 2010, for advance registration to avoid the late registration surcharge of \$100.
- An electronic confirmation will be sent only upon request.
- Cancellations received by Friday, March 26, 2010 will be eligible for a full refund.
- Registration fee includes scientific session and breaks. The American Academy of Oral Medicine subsidizes most or all of the social functions indicated in the program. There are no partial registration fees for this meeting.

Method of Payment

Check Enclosed American Express VISA MasterCard

Card Number: _____ Exp Date ____/____/____ 3-4 digit Security# _____

Name on Card _____ Signature: _____ Date ____/____/____

All payments must be payable in U.S. funds through a U.S. bank or international money order.

Please complete the form and return with payment information to:

American Academy of Oral Medicine
Attention: Executive Director
P.O. Box 2016
Edmonds, Washington 98020-9516

Please call 425.778.6162 or email info@aaom.com with any questions or concerns.

Hotel Information:

Hotel Reservations at the Hyatt Regency Tamaya Resort and Spa, Santa Ana Pueblo, New Mexico

It is highly recommended that you make your guest room accommodations at the Hyatt Regency Tamaya as soon as possible. The Academy historically sells out the negotiated room block before the cut-off date for the hotel.

In order to book the **special negotiated rate** of **\$199.00 plus 11.625%** (or current tax rate) per night, please call the **Hyatt Regency Tamaya Resort and Spa at 1.800.233.1234** and identify yourself as being with the **American Academy of Oral Medicine**.

For Reservations Call: 1.800.233.1234

Hyatt Regency Tamaya Resort and Spa

1300 Tuyuna Trail

Santa Ana Pueblo, New Mexico 87004

Phone: 505.867.1234

Fax: 505.771.6180

<http://tamaya.hyatt.com/hyatt/hotels/index.jsp>

You must identify yourself as being with the **American Academy of Oral Medicine** to receive the special, discounted rate. **Reservations must be made prior to the March 8, 2010 cut-off date.** The special rate will be available until all of the rooms in the block are consumed or March 8, 2010, whichever comes first.

Rental Car Information:

Hertz Rental Car:

Call 1.800.654.2240

Promotional Code (CV): 03WA0003

Or visit www.hertz.com

How did you hear about this meeting? ___ website ___ mailing ___ member ___ other