

Housing and Registration Form



108th ANNUAL MEETING

October 27-30, 2022 | Phoenix

American Academy
of Periodontology

Online (preferred method)

www.perio.org/ce-meetings/

Mail (check or credit card)

Maritz - ATL FSS Department
1375 North Highway Drive, 8th floor
Fenton, MO 63099

Phone or Fax (credit card)

Phone: +1-864-208-3363 Fax: +1-330-425-4983

To receive the member rate, 2022 membership dues must be paid prior to registration.

For early-bird pricing registration forms must be received by 11:59 p.m. EDT on Friday, April 1, 2022.

Confirmations will be emailed within 72 hours of receipt. Contact Maritz at 1-864-208-3363 if you do not receive your confirmation within this period.

AAP recognizes the need to comply with the Americans with Disabilities Act. Please check here if you have special needs (visual, mobility, auditory or dietary). A Maritz staff member will contact you regarding your requirements.



How to Register

Please complete all applicable sections on front and back of form (one professional registrant per form) prior to submitting. Forms submitted without payment information will not be processed. Acceptable forms of payment are checks drawn on a U.S. bank in U.S. dollars made payable to the American Academy of Periodontology or credit cards (Visa, MasterCard, Discover or American Express only).

Personal Information *City and state provided will be printed on your badge.*

AAP Membership # _____ (required for members)

Years in practice (mandatory): 0-5 6-10 11-15 16-20 21+

Are you an ABP Diplomate: Are a first-time attendee: Demographic Information: Male Female

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 (mandatory) _____

Liabilities, Waivers and Disclaimers (required)

Liability Waiver

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.

Photography Disclaimer

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.

COVID-19 Release And Waiver Of Liability And Assumption Of Risk

I hereby voluntarily assume all known and unknown risks related to exposure to COVID-19 and accept sole responsibility for any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, or expense, of any kind, that I may experience or incur in connection with any exposure to COVID-19 at the Event. I agree that the Event is of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to attend the Event in person.

Meeting Code Of Conduct Disclaimer

AAP 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 Program 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 meeting. All participants must comply with the instructions of the moderator and any AAP 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.

Liability Waiver And Release Of Claims

IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE EVENT, I HEREBY FOREVER RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS AAP, ITS EMPLOYEES, OFFICERS, DIRECTORS, MEMBERS, AGENTS, AND REPRESENTATIVES (COLLECTIVELY, THE "AAP PARTIES"), OF AND FROM ANY AND ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS, OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING TO EXPOSURE TO OR INFECTION BY COVID-19 AT THE EVENT, WHETHER ARISING DIRECTLY OR INDIRECTLY, NOW OR IN THE FUTURE, INCLUDING ANY EXPOSURE OR INFECTION RESULTING FROM THE NEGLIGENT ACTS OR OMISSIONS OF ANY AAP PARTY.

By checking this box, I certify that I have read the foregoing Assumption of Risk and Liability Waiver and Release of Claims provisions, understand their meaning, and freely and willingly agree to assume the risk and waive my rights as specified herein and to be bound legally by such provisions.

Speakers and topics subject to change.

Save time and register online at www.perio.org/ce-meetings/



Housing and Registration Form (continued)

Section A | Registration Categories (Select One)

MEMBERS	Early Bird	Advance	On Site
<input type="checkbox"/> RG01 Active Member	\$798	\$928	\$1,046
<input type="checkbox"/> RG02 Associate Member	\$798	\$928	\$1,046
<input type="checkbox"/> RG03 International Member	\$798	\$928	\$1,046
<input type="checkbox"/> RG04 Life Active Member	\$798	\$928	\$1,046
<input type="checkbox"/> RG05 Retired Member	\$446	\$566	\$696
<input type="checkbox"/> RG06 Student Member	\$232	\$350	\$471
<input type="checkbox"/> RG07 Assembly Delegate Only <i>No meeting participation</i>	Complimentary		
NON-MEMBERS/OTHER	Early Bird	Advance	On Site
<input type="checkbox"/> RG08 Non-Member Dentist/Periodontist	\$1,696	\$1,835	\$1,975
<input type="checkbox"/> RG09 Sponsored Non-Member Dentist/Periodontist Sponsor Code:	\$1,516	\$1,655	\$1,796
<input type="checkbox"/> RG10 Dental Student Interest Group (DSIG)	\$70	\$99	\$129
<input type="checkbox"/> RG11 Non-Member Student	\$322	\$431	\$654
<input type="checkbox"/> RG12 Dental Hygienist Full Conference	\$459	\$590	\$712
<input type="checkbox"/> RG13 Office Staff	\$459	\$590	\$712
<input type="checkbox"/> RG14 Spouse/Guest Name:	\$158	\$158	\$158
<input type="checkbox"/> RG15 Dental Hygiene Symposium only	Course fees (must register for EV3)		
<input type="checkbox"/> RG20 Exhibits Only	\$100	\$150	\$200
<input type="checkbox"/> RG22 Industry Relations	\$366	\$394	\$486
<input type="checkbox"/> RG23 JACP/JSP Member	\$798	\$928	\$1,046
<input type="checkbox"/> RG24 JACP/JSP Student Member	\$232	\$350	\$471
<input type="checkbox"/> RG25 JACP/JSP Dental Hygienist Full Conference	\$459	\$590	\$712
<input type="checkbox"/> RG26 JACP/JSP Office Staff	\$459	\$590	\$712
Section A Registration Categories Total	\$		

Section C | Housing/Hotel Selection

A credit card guarantee is necessary at the time of booking (expiration date of 11/22 or later). Maritz will forward the credit card information to your hotel. The hotel will charge one night's room and tax deposit to the credit card upon receipt of the reservation data in September 2022. Rates below are inclusive of a \$14 per room per night rebate to Maritz.

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

- Sheraton Phoenix Standard (Headquarters Hotel)**
 \$259 Single \$259 Double \$279 Triple \$279 Quad
- Hyatt Regency Phoenix Standard**
 \$249 Single \$249 Double \$269 Triple \$289 Quad
- Sheraton Phoenix Deluxe (Headquarters Hotel)**
 \$279 Single \$279 Double \$299 Triple \$299 Quad
- Renaissance Phoenix Standard**
 \$259 Single \$259 Double \$279 Triple \$299 Quad

Arrival date ___/___/___ Departure date ___/___/___

Special Needs Audio Visual Mobile

Other _____

No hotel reservation needed (If staying outside the AAP room block)

Name of Hotel: _____

I plan to share a room (Please provide name)

Full Name: _____

Section C | Housing/Hotel Selection Total \$

Section B | Ticketed Courses/Events (check box at left; indicate number of tickets and/or total at right)

WEDNESDAY, OCTOBER 26, 2022	Time	Cost	Quantity	Total
<input type="checkbox"/> EV4/EV10 Pre-Convention Educator's Symposium	9 a.m. – 4 p.m.	Complimentary*		
THURSDAY, OCTOBER 27, 2022				
<input type="checkbox"/> EV1 Sedation Session: Staying Alive, Staying Alive Part 1	8 – 11:30 a.m.	\$65		
<input type="checkbox"/> HW1 Hands-On Workshop One: Contemporary Zygomatic Implant Therapy	8:30 a.m. – 12:30 p.m.	\$1,775		
<input type="checkbox"/> HW2 Hands-On Workshop Two: Autogenous Bone Reconstruction	8:30 a.m. – 5:30 p.m.	\$995		
<input type="checkbox"/> HW3 Hands-On Workshop Three: Stackable	8:30 a.m. – 5:30 p.m.	\$995		
<input type="checkbox"/> HW4 Hands-On Workshop Four: Gingival Augmentation	8:30 a.m. – 12:30 p.m.	\$1,775		
<input type="checkbox"/> EV3 Dental Hygiene Symposium	8 a.m. – 5 p.m.	\$175		
<input type="checkbox"/> EV2 Sedation Session: Staying Alive, Staying Alive Part 2	1 – 4:30 p.m.	\$65		
FRIDAY, OCTOBER 28, 2022				
<input type="checkbox"/> EV16 New Continuing Education Lunch & Learn	Noon – 12:45 p.m.	\$49		
<input type="checkbox"/> EV6 Student and New Periodontist Session	Noon – 2 p.m.	Complimentary**		
<input type="checkbox"/> EV7 Student and New Periodontist Reception	6:30 – 8 p.m.	Complimentary**		
SATURDAY, OCTOBER 29, 2022				
<input type="checkbox"/> EV8 AAPF Estate Planning Breakfast	6:30 – 8 a.m.	Complimentary		
<input type="checkbox"/> EV17 New Continuing Education Lunch & Learn	Noon – 12:45 p.m.	\$49		
<input type="checkbox"/> EV18 New Continuing Education Lunch & Learn	Noon – 12:45 p.m.	\$49		
<input type="checkbox"/> EV9 VIP Experience (full registration required)		\$200		
Section B Ticketed Courses/Events 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 (DD/MM/YY) _____

To be held in collaboration with the Japanese Academy of Clinical Periodontology and the Japanese Society of Periodontology



*Complimentary for members with "Predoctoral Educator" designation

**Complimentary for AAP student members and AAP active members who have completed residency within the last 2 years