

62nd Annual Scientific Meeting – February 21-23, 2017

PROJECTING INTO THE FUTURE

**SAVE
THE DATE!**

TUESDAY, FEBRUARY 21, 2017

8:00 am – 4:30 pm	Pre-Conference 1: Head and Neck Dissection Workshop – Ronald Auvenshine, DDS, PhD; Henry Gremillion, DDS, FAGD; Terry Tanaka, DDS; Nathan Pettit, DMD, MSD (THIS SESSION IS SOLD OUT)
1:00 pm – 6:00 pm	Executive Council Meeting
7:00 pm – 8:00 pm	New Member Reception

DAY 1 – WEDNESDAY, FEBRUARY 22, 2017

7:00 am – 8:00 am	Registration and Continental Breakfast
8:00 am – 8:20 am	Opening Ceremony
8:20 am – 8:30 am	Introductions & Announcements
8:30 am – 9:15 am	Introduction to Epigenetics – Paul Durham, PhD
9:15 am – 10:15 am	Bio-Burden: Potential Impact on the Masticatory System – Henry Gremillion, DDS, MAGD
10:15 am – 10:45 am	Break with Exhibitors & Posters
10:45 am – 11:30 am	AIRWAY-kening Dentistry to Become the Center of Healthcare – Bill Hang, DDS, MSD
11:30 am – 12:30 pm	Fireside Chat on Epigenetics with Morning Speakers
12:30 pm – 1:45 pm	Lunch
1:45 pm – 2:30 pm	Identifying the At Risk Patient Prior to Complex Restorative – Donald Tanenbaum, DDS, MPH
2:30 pm – 3:15 pm	Physiology of Occlusion – Jay Levy, MD
3:15 pm – 3:45 pm	Break with Exhibitors & Posters
3:45 pm – 4:30 pm	Imaging Pearls: Occlusion – David Hatcher, DDS
4:30 pm – 5:00 pm	Fireside Chat on Physiology of Occlusion & Bio-burden
5:00 pm – 5:30 pm	Update: AES Research
6:30 pm – 8:30 pm	President's Reception

DAY 2 – THURSDAY, FEBRUARY 23, 2017

7:00 am – 8:00 am	Breakfast
8:00 am – 8:10 am	Introductions & Announcements
8:10 am – 9:00 am	World-Wide Trends in Claims of Dental Negligence – Kevin Lewis, BDS
9:00 am – 9:45 am	Implants in Restorative Dentistry: Important Treatment Aspects to Avoid Complications – Luiz Gonzaga, DDS, MS
9:45 am – 10:15 am	Break with Exhibitors & Posters
10:15 am – 11:00 am	Plastic Occlusions: Restoring Worn Teeth Predictably in Composite Resin – Gurmit Singh Hothi, BChD
11:00 am – 11:45 am	Times and Materials Change: The Fundamentals Remain – Joe Massad, DDS
11:45 am – 12:30 pm	Fireside Chat on "What might be coming in the next 10 years" with Morning Speakers
12:30 pm – 2:00 pm	Lunch and Annual AES Membership Meeting
2:00 pm – 2:20 pm	"Wellness" 2018 Meeting Preview – Susan Maples, DDS
2:20 pm – 3:00 pm	The Occlusal Compass - A Paradigm Then, Now and for the Future! – Steven Hart, DDS
3:00 pm – 3:30 pm	Break with Exhibitors & Posters
3:30 pm – 5:00 pm	Things We Learn Along the Way - Looking Back, Learning Forward – Michael Melkers, DDS, MAGD; Lane Ochi, DDS, FAGD, FICD
5:00 pm – 5:10 pm	Closing Remarks

POST-CONFERENCE: FRIDAY, FEBRUARY 24, 2017 & SATURDAY, FEBRUARY 25, 2017

An additional post conference CE opportunity is being made available to AES 2017 attendees. The American Academy of Orofacial Pain (AAOP) will be conducting a **Review and Update on Orofacial Pain**. For more details on this program or to register please visit www.aaop.org.

Additional Education Opportunity: Spectrum Day Chicago 2017 - www.spectrum-day.com/spectrum-day-chicago

This meeting will be held at the Downtown Marriott in Chicago, IL. Additional information on hotel arrangements are available via the AES website at www.aes-tmj.org

62nd Annual Meeting Registration

February 21 – 23, 2017, 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? _____

Meeting Registration Fee Category	Regular Fee	Total
<input type="checkbox"/> AES Member Registration	\$600	<input type="text"/>
<input type="checkbox"/> AES Life Member	\$450	<input type="text"/>
<input type="checkbox"/> AES Student Members	\$450	<input type="text"/>
<input type="checkbox"/> Graduate Student - Non Member	\$450	<input type="text"/>
<input type="checkbox"/> AAOP Member Introductory Rate	\$600	<input type="text"/>
<input type="checkbox"/> ACP Member Introductory Rate	\$600	<input type="text"/>
<input type="checkbox"/> Dentist Physician - Non Member	\$900	<input type="text"/>
<input type="checkbox"/> Head & Neck Dissection Workshop	\$750	<input type="text"/>

(This workshop is a separate from the main conference and provides participants the opportunity to complete a detailed dissection highlighting relationships to dental assessment and clinical procedures. Participants will work in teams of 2 with each team dissecting ½ of a provided cadaver specimen. Space is limited and available first come, first serve. Course to take place Tuesday, February 21, 2017.)

Social Events Fee

President's Reception • Wednesday, February 22, 2017, 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 the 22nd? Yes No Thursday the 23rd? Yes No

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

Total
Attending
Reception

Return this registration form to: **Total Enclosed (or to be billed by credit card):**

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: _____

AES

Leaders in Occlusion, TMD, Comprehensive Oral Care

MEMBERSHIP APPLICATION

Each section of application must be answered. If answer is "none," this should be stated. Wherever space is inadequate, use additional sheet.

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? Yes No When? _____
 Have you previously been a member of the American Equilibration Society? Yes No When? _____
5. Dental/Medical education _____ Year _____
(Institution) (Degree)
6. Graduate education _____ Year _____
(Institution) (Degree)
7. Website: _____
8. Licensed in what States/Provinces/Countries: _____
9. Do you have a recognized specialty? Yes No Specialty _____
10. What percentage of your practice is devoted to treatment of TMJ, Muscle or Occlusal dysfunction? _____
11. University Affiliation: (Teaching or Research) _____ Full-time Part-time
12. Other Affiliations: (Hospital, Governmental, Military, etc.) _____ Full-time Part-time
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.

(Signature of Applicant) (Date)

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:

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!

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

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

Card Type: Visa Mastercard 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: _____



About the AES

The AES was founded in 1955 as the **American Equilibration Society**. Since that time, the **AES** has evolved into an international organization representing a spectrum of individuals and groups. The **AES** has thereby become an association for education in comprehensive dental sciences.

AES Mission Statement

AES is the leading organization of dental professionals advancing the science and clinical application of knowledge in Occlusion, TMD and Comprehensive Oral Care for the well-being of those we serve.

For more information on the AES please visit our website at www.aes-tmj.org