



Housing and 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. 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). To receive the member rate, 2026 membership dues must be paid prior to registration.

Registration forms must be received by 11:59 pm EDT on Friday, March 27, 2026, for the early-bird pricing. Confirmations will be emailed so an email address must be provided. Allow 72 hours for receipt. Contact Maritz at +1-864-208-3363 if you do not receive your information within this period.



Online
(preferred method)

Please visit ww.perio.org/meetings or scan QR code

Check via Mail

American Academy of Periodontology
737 North Michigan Ave
Suite 800
Chicago, IL 60611

Credit Card via Mail

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

Phone or Fax

(credit card only)
Phone: +1-864-208-3363
Fax: +1-330-425-4983

Personal Information (required) City and state provided will be printed on your badge.

First Name _____ Last Name _____

AAP Membership # (required for members) _____ I am a first-time attendee (required)

Call Name for Badge _____ DDS DMD RDH Other (specify)

Street Address (required) _____

City _____ State _____ Postal Code _____

Country (other than USA) _____

Phone (required) _____

Email (required) _____

Email CC _____

Emergency Contact (required) _____ Phone (required) _____

Demographic Information: Male Female

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

Americans with Disabilities Act 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.

Liabilities, Waivers and Disclaimers (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.

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.

Well-Being Protocols

All event attendees will be asked to participate in and abide by all safety protocols implemented on-site for the event. We will continue to closely monitor all conditions related to COVID-19 between now and the start of the event and reserve the right to modify health screening protocols in our sole discretion. We will inform you of any such changes and as a condition of participation you agree you will follow these protocols.

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 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 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 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.

By checking this box, I certify that I have read the foregoing Assumption of Risk and Liability Waiver, Photography Disclaimer, Well-Being Protocols, Meeting Code of Conduct 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.

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Section A | Registration Categories Select One; Prices in \$USD (U.S. Dollars)

Members		Early Bird	Advance	On Site
<input type="checkbox"/> RG01	Active Member	\$926	\$1,076	\$1,213
<input type="checkbox"/> RG02	Associate Member	\$926	\$1,076	\$1,213
<input type="checkbox"/> RG03	International Member	\$926	\$1,076	\$1,213
<input type="checkbox"/> RG04	Life Active Member	\$926	\$1,076	\$1,213
<input type="checkbox"/> RG05	Retired Member	\$498	\$631	\$776
<input type="checkbox"/> RG06	Student Member	\$258	\$392	\$526
<input type="checkbox"/> RG07	Assembly Delegate Only <i>(Only for Active/Life Active members; no meeting participation)</i>	Complimentary		
<input type="checkbox"/> RG10	Dental Student Interest Group (DSIG)	\$79	\$110	\$143
Non-Members/Other				
<input type="checkbox"/> RG08	Non-Member Dentist/Periodontist	\$2,141	\$2,297	\$2,453
<input type="checkbox"/> RG09	Sponsored Non-Member Dentist/Periodontist <i>One time use code:</i>	\$1,690	\$1,846	\$2,002
<input type="checkbox"/> RG11	Non-Member Student	\$359	\$480	\$730
<input type="checkbox"/> RG12	Dental Hygienist Full Conference	\$513	\$658	\$794
<input type="checkbox"/> RG13	Office Staff	\$513	\$658	\$794
<input type="checkbox"/> RG14	Spouse/Guest <i>Name</i> _____	\$177	\$177	\$177
<input type="checkbox"/> RG15	Dental Hygiene Symposium Only	Course fees <i>(must register for EV3)</i>		
<input type="checkbox"/> RG20	Exhibits Only	\$105	\$175	\$250
<input type="checkbox"/> RG21	Student Exhibits Only Registration <i>(onsite only; must present a valid student ID)</i>	NA	NA	\$50
<input type="checkbox"/> RG22	Industry Relations	\$409	\$439	\$542
<input type="checkbox"/> RG23	JSP/JACP Member	\$926	\$1,076	\$1,213
<input type="checkbox"/> RG24	JSP/JACP Student Member	\$258	\$392	\$526
<input type="checkbox"/> RG25	JSP/JACP Dental Hygienist (Full Conference)	\$513	\$658	\$794
<input type="checkbox"/> RG26	JSP/JACP Office Staff	\$513	\$658	\$794
<input type="checkbox"/> RG35	Prospect Exhibitor	-	-	\$250
Total Section A				\$

Section B | Ticketed Courses/Events Prices in \$USD (U.S. Dollars)

Wednesday, October 28, 2026		Time	Cost	Quantity	Total
<input type="checkbox"/> EV4	Educator Symposium <i>Complimentary for AAP Educator Members</i>	8 a.m. - 5 p.m.	Complimentary		
Thursday, October 29, 2026					
<input type="checkbox"/> EV1	Sedation Session I	8 a.m. - Noon	\$65		
<input type="checkbox"/> EV24	AAP Journals Workshop	8 a.m. - Noon	Complimentary		
<input type="checkbox"/> EV2	Sedation Session II	1 - 5 p.m.	\$65		
Friday, October 30, 2026					
<input type="checkbox"/> EV6	Resident Program	1 - 2:15 p.m.	Complimentary*		
<input type="checkbox"/> EV7	Student and New Periodontist Reception	6:30 - 8 p.m.	Complimentary*		
Saturday, October 31, 2026					
<input type="checkbox"/> EV3	Dental Hygiene Symposium	8 a.m. - 5 p.m.	\$185		
<input type="checkbox"/> EV8	AAPF Practice Transition, Retirement, & Estate Planning Breakfast	6:30 - 8 a.m.	\$5**		
Other					
<input type="checkbox"/> EV9	VIP Experience <i>(full registration required)</i>		\$200		
* Complimentary for AAP student members and AAP active members who have completed residency within the last 2 years					
**This fee supports the work of the AAP Foundation, but is not tax deductible					
Availability is limited for ticketed sessions/events. Visit perio.org for the most up-to-date information and availability. The AAP cautions participants for CE activity about the potential risks of using limited knowledge when incorporating new techniques and procedures in their practice.					
Total Section B					\$

Section C | Housing/Hotel Selection Prices in \$USD (U.S. Dollars)

Rank hotels by preference (1, 2, 3, etc.) and check occupancy for each (one room per professional registrant). A credit card guarantee is necessary at the time of booking (expiration date of 12/26 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 October 2026. Rates below are inclusive of a \$15 per room per night rebate to Maritz.

Arrival Date _____ Departure Date _____

- No hotel reservation needed. If staying outside the AAP room block, indicate hotel: _____
- I plan to share with (full name): _____
- Special needs: Audio Visual Mobile Other: _____

Rank Hotels

# _____	Hyatt Regency Seattle Standard Room (Co-Headquarters Hotel)	<input type="checkbox"/> \$269 Single	<input type="checkbox"/> \$269 Double	<input type="checkbox"/> \$294 Triple	<input type="checkbox"/> \$319 Quad
# _____	Sheraton Grand Seattle Standard Room (Co-Headquarters Hotel)	<input type="checkbox"/> \$309 Single	<input type="checkbox"/> \$309 Double	<input type="checkbox"/> \$334 Triple	<input type="checkbox"/> \$359 Quad
# _____	Grand Hyatt Seattle Standard Room	<input type="checkbox"/> \$269 Single	<input type="checkbox"/> \$269 Double	<input type="checkbox"/> \$294 Triple	<input type="checkbox"/> \$319 Quad
# _____	Hyatt Olive 8 Standard Room	<input type="checkbox"/> \$269 Single	<input type="checkbox"/> \$269 Double	<input type="checkbox"/> \$294 Triple	<input type="checkbox"/> \$319 Quad
# _____	Paramount Hotel Standard Room	<input type="checkbox"/> \$249 Single	<input type="checkbox"/> \$249 Double	<input type="checkbox"/> \$274 Triple	<input type="checkbox"/> \$299 Quad

Payment Information Section

Forms submitted without payment information will not be processed. To receive the member rate, 2026 membership dues must be paid prior to registration.

Please choose payment method. A credit card guarantee is required for Housing/Hotel fees (Section C of this form). The credit card expiration date must be 12/26 or later.

Payment Method

Total Amount Due from Sections A & B (above)	\$
<input type="checkbox"/> Charge all registration fees (Sections A, B, & C) to my credit card	\$
<input type="checkbox"/> Credit Card Guarantee provided for Section C Only	\$
<input type="checkbox"/> Section A & B paid by check from a U.S. Bank in U.S. funds	\$

Credit Card Information

Visa MasterCard American Express Discover

Card Number _____ CVC Code _____ Expiration Date _____

Card Holders Name (Print) _____

Card Holders Signature _____

Date _____