

63rd Annual Scientific Meeting – February 21-23, 2018

INTEGRATION OF TOTAL HEALTH IN THE COMPREHENSIVE PRACTICE OF DENTAL MEDICINE

SAVE
The
DATE!

TUESDAY, FEBRUARY 20, 2018

1:00 pm – 6:00 pm Executive Council Meeting
4:00 pm – 7:00 pm Registration

DAY 1 – WEDNESDAY, FEBRUARY 21, 2018

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 -10:00 am **Cariology & Cardiology** – Robert Lustig, MD, MSL
10:00 am – 10:30 am Break with Exhibitors & Posters
10:30 am – 11:15 am **Integrative Dental Medicine: Building on the Concepts of Complete Dentistry** – DeWitt Wilkerson, DMD
11:15 am – 11:45 am **Panel Discussion** – Dr. Lustig & Dr. Wilkerson
AES Talks • Joan Forrest – moderator
• Changing Harmful Habits Into Healthy Habits – Bill Woodburn
• Eliminating Your Aches and Pains – Chris Kussoff (Egoscue)
11:45 am – 12:30 pm
12:30 pm – 1:45 pm Lunch
1:45 pm – 3:15 pm **Recognizing Inflammation as the Driver of Arterial Disease with an Emphasis on the Critical Role of Oral Health: The Bale/Doneen Method** – Brad Bale, MD; Amy Doneen, DNP, ARNP
3:15 pm – 3:45 pm Break with Exhibitors & Posters
3:45 pm – 4:30 pm **Saliva Diagnostics: Advancing Dentistry into Primary Healthcare** – David Wong, DMD, DMSc
4:30 pm – 5:00 pm **SIC Literature Review** – Terry Tanaka, DDS
6:30 pm – 8:30 pm President's Reception

DAY 2 – THURSDAY, FEBRUARY 22, 2018

7:00 am – 8:00 am Registration and Continental Breakfast
8:10 am – 9:00 am Introductions & Announcements
8:10 am – 9:00 am **Evidence Based Oral Systemic Connections** – Michael Gluck, DMD
9:00 am – 9:45 am **The Stomatognathic Connection: Facilitating a Health-Centered Patient** – Kevin Kwiecien, DMD, MS
9:45 am – 10:30 am **Dental Caries: A Simplified Treatment Model** – Kim Kutsch, DMD
10:30 am – 11:00 am Break with Exhibitors & Posters
11:00 am – 12:00 pm **Slaying Dragons: Reflux and Diabetes Detection in the Dental Office** – Susan Maples, DDS
12:00 pm – 2:00 pm Lunch and **Annual AES Membership Meeting**
2:00 pm – 2:45 pm **Tongue-Tied: A Story NOT Silenced by Oral Cancer** – Eva Grayzel, BA
2:45 pm – 3:20 pm **Periodontal Disease and Modern Medicine: An Opportunity for Healthier Patients** – Doug Thompson, DDS
3:30 pm – 4:00 pm Break with Exhibitors & Posters
4:00 pm – 4:45 pm **The 3 Deans – Improving Health Through the Expanded Scope of Dental Practice** – Joel Berg, DDS, MS; Henry Gremillion, DDS, MAGD; Linda Niessen, DMD, MPH, MPP;
4:45 pm – 5:00 pm Panel Discussion
5:00 pm – 5:10 pm Closing Remarks

POST-CONFERENCE WORKSHOPS – FRIDAY, FEBRUARY 23, 2018 – (ADDITIONAL REGISTRATION REQUIRED)

8:30 am – 4:30 pm **Post-Conference 1: Head and Neck Dissection Workshop** – Henry Gremillion, DDS, FAGD; & TBD
8:30 am – 4:30 pm **Post-Conference 2: Integrative Dental Medicine and Sleep Workshop** – Paul McLornan, DDS, MS & DeWitt Wilkerson, DMD

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

63rd Annual Meeting Registration

February 21 – 23, 2018, 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	Early Bird Fee Until July 7, 2017	Regular Fee As of July 8, 2017	Total
<input type="checkbox"/> AES Active Member	\$550	\$600	<input type="text"/>
<input type="checkbox"/> AES Life Member	\$450	\$450	<input type="text"/>
<input type="checkbox"/> Non-Member Dentist/Physician	\$800	\$900	<input type="text"/>
<input type="checkbox"/> Introductory Rate AAOP Members	\$600	\$600	<input type="text"/>
<input type="checkbox"/> Introductory Rate ACP Members	\$600	\$600	<input type="text"/>
<input type="checkbox"/> Graduate Student Member	\$350	\$350	<input type="text"/>
<input type="checkbox"/> Graduate Student Non-Member	\$450	\$450	<input type="text"/>

Post Conference Workshops - Friday, February 23, 2018

Post-Conference 1 - Head & Neck Dissection (This program will provide the participant with the opportunity to complete a detailed dissection of the superficial structures of the face, the masticatory musculature, the TMJ, oral cavity, nasal passageways and all parts of the pharynx. Participants will work in two member teams, each team dissecting 1/2 of a provided cadaver specimen. Limited to 32 Attendees)

Meeting Registration Fee Category	Early Bird Fee Until July 7, 2017	Regular Fee As of July 8, 2017	Total
<input type="checkbox"/> AES Active Member	\$750	\$800	<input type="text"/>
<input type="checkbox"/> AES Life Member	\$750	\$800	<input type="text"/>
<input type="checkbox"/> Non-Member Dentist/Physician	\$950	\$1000	<input type="text"/>
<input type="checkbox"/> Graduate Student Member	\$750	\$800	<input type="text"/>
<input type="checkbox"/> Graduate Student Non-Member	\$950	\$1000	<input type="text"/>

Post Conference Workshops - Friday, February 23, 2018

Post-Conference 2: Integrative Dental Medicine & Sleep Workshop (This workshop will immerse the attendee in how to implement fully comprehensive and integrative dentistry into their existing practice. In the morning, Dr. Wilkerson will explain how the Body, Bite and Bacteria can be effectively evaluated and treated in the comprehensive practice. This session will expand on the topics from Dr. Wilkerson's lecture during the AES Scientific Session. In the afternoon, Dr. McLornan will expand on the Breathing portion of the system while also providing a hands-on component which will allow attendees to fabricate appropriate bite records and fabricating in-office oral appliances. Limited to 60 attendees)

Meeting Registration Fee Category	Early Bird Fee Until July 7, 2017	Regular Fee As of July 8, 2017	Total
<input type="checkbox"/> AES Active Member	\$300	\$350	<input type="text"/>
<input type="checkbox"/> AES Life Member	\$300	\$350	<input type="text"/>
<input type="checkbox"/> Non-Member Dentist/Physician	\$400	\$450	<input type="text"/>
<input type="checkbox"/> Graduate Student Member	\$300	\$350	<input type="text"/>
<input type="checkbox"/> Graduate Student Non-Member	\$400	\$450	<input type="text"/>

Social Events Fee

President's Reception • Wednesday, February 21, 2018, 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 21st? Yes No Thursday the 22nd? 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

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 (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? 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):

Input box for total enclosed amount

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:

AES Central Office

207 E. Ohio Street, Suite 399
Chicago, IL 60611 USA



About the AES

Founded in 1955, the AES is the largest organization in the world that deals with the diagnosis and treatment of diseases of dental occlusion (bite problems) and disorders of the temporomandibular joint (TMJ) and associated muscles. We are international in scope, with members from all over the world. We are multispecialty, encompassing general dentists, oral and maxillofacial surgeons, prosthodontists, orthodontists and allied health care professionals. Our membership is composed of academicians and clinicians.

The AES Mission

AES is the pre-eminent society recognized as the source of excellence in the pursuit and sharing of knowledge of the form, function, and pathology of the masticatory system by optimizing:

- Evaluation, diagnosis and management
- Restoration and preservation of health;
- Embracing all the disciplines of Dentistry.

Thereby enriching the lives of our members, the dental community and the public we serve.

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