

## \* 第106回AAP-JSP/JACP共催大会 Virtualの参加登録の方法

下記の要領で登録いただきますとAAP会員割引扱いとなりますので、早めの登録をお勧めします！また、AAP会員の方でも、必ずこちらからの登録をお願いします。

### 【ステップ1】

日本臨床歯周病学会ホームページ「会員の皆様へ>お知らせ>AAPに関する情報」より  
第106回アメリカ歯周病学会共催日本歯周病学会-日本臨床歯周病学会の参加登録サイトをクリックする。この時にご使用しているPCのブラウザが最新バージョンでないと閲覧できない事がありますので、ご注意下さい。

### 【ステップ2】

上記「参加登録サイト」をクリックして頂くと下記サイトへ移動します。コード入力欄に20meetingと記入し、下段にあるNextをクリックすると次のページへ移動します。

### 【ステップ3】

初めて登録する方はNot Yet Registered?のContinueをクリックして下さい。

Login

[Dashboard](#)

By registering for this meeting, you acknowledge and agree that the Academy may share your contact information with third parties without providing you with further notice or any consideration. If you do not want your contact information shared, please email [privacy@perio.org](mailto:privacy@perio.org)



**Not yet registered?**

Please click continue to begin your NEW registration process. If you have already started the registration process and wish to continue your pre-existing record, please continue in the Complete/Edit Your Registration section of this page.

[Continue](#)

**Complete/Edit Your Registration**

If you recently started a registration and wish to continue, please enter your email address and registration password that you created when you started your initial registration process and click Continue.

Email

\* Password  
  Show Password

[Click here](#) to receive emailed instructions on how to create or reset the password for your existing registration.

[Continue](#)

106th AAP Annual Meeting coming soon!

323 : 12 : 3 : 24  
days hours min sec  
...until Annual Meeting!

▼ Helpful Links

- [FAQ](#)
- [Perio Website](#)
- [Contact](#)

その後、Memberの画面に自動的に移動します。Non-Member Login画面のSponsor Codeに「20meeting」と入力し、Begin Non-Member Registrationをクリックしてください

Member

[Dashboard](#)

AAP Member Login



Members: Please enter your membership information below.

\* Indicates required field

\* Member Number

\* Last Name

[Search for Member](#)

**Non-Member Login**

Click Continue below to start a new registration. If you were provided with a Promo Code, please enter it below.

Sponsor Code  
 20meeting

[Begin Non-Member Registration](#)

106th AAP Annual Meeting coming soon!

234 : 14 : 22 : 5  
days hours min sec  
...until Annual Meeting!

▼ Helpful Links

- [FAQ](#)
- [Perio Website](#)
- [Contact](#)

## 【ステップ4】

個人情報を登録する画面がでてきます。必要事項を記入して下さい。

下記の様に質問がでてきます。\*は必須となりますのでチェックをして下さい。

### Profile

Please complete the following fields and click Next.

\* Indicates required field

If you were given a promo code, enter it below:

必要最低限の項目：登録には\*の項目  
を全て入力する必要があります

### Contact Information

Check the box if you are an ABP Diplomate.

Yes

アメリカ歯周病学会  
認定専門医のみ

\* First Name

Middle

\* Last Name

Nickname

Professional Suffix (DDS, DMD, etc.)

通常 DDS

Company

Address 2

Address 3

Zip/Postal Code

City

都市名、または都道府県名

State/ Province

Please Select >

入力必要なし

\* Country

United States >

\* Phone

Fax Number

Email CC

\* Email

\* Emergency Contact Name

緊急連絡先の氏名

\* Emergency Contact Phone

緊急連絡先の電話番号

(ex. 3125551234)

▶ Please select your Gender

▶ \* First Time Attendee?

▶ \* Virtual Code of Conduct

▶ \* Liability Waiver

▶ \* Photo Release

▶ \* Years in Practice

Please enter a password of your choice below. Your password must contain at least eight (8) characters. This will be the password you use each time you enter the site to review/edit your registration.

上のハイライト部をそれぞれクリックすると下のようなウィンドウが開きます。

▼ Please select your Gender

- Male
- Female
- Other

大会参加中の免責事項への同意。  
クリックする。

▼ \* Liability Waiver

I agree and acknowledge that I am undertaking such participation in AAP and/or AAP Foundation events and activities as my own free and intentional act, and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in the AAP and/or AAP Foundation events, and I do hereby assume responsibility for my own well-being. I also agree not to allow any other individual to participate in my place. Please check the box below to confirm you have read and agree to this notice.

- I confirm to have read and agree to the liability waiver notice.

大会参加中に撮影した写真使用への同意。クリックする。

開業年数

AAP の大会へ初めて  
参加するなら「Yes」

▼ \* First Time Attendee?

- Yes
- No

▼ \* Photo Release

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.

▼ \* Years in Practice

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="radio"/> 0-5 years   | <input type="radio"/> 6-10 years  |
| <input type="radio"/> 11-15 years | <input type="radio"/> 16-20 years |
| <input type="radio"/> 21+ years   |                                   |

▼ \* Virtual Code of Conduct

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 Virtual 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](mailto: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 virtual meeting. All participants must comply with the instructions of the moderator and any AAP virtual 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

I agree to the Virtual Code of Conduct

Virtual Meeting における行動規範への同意。クリックする

▶ Do you have any dietary restrictions?

Please enter a password of your choice below. Your password must contain at least eight (8) characters. This will be the password you use each time you enter the site to review/edit your registration.

\* Password

Show Password

\*  I agree to the [Terms of Use](#).

8文字以上のパスワードを入力してください。後で登録情報の編集や確認に必要になりますのでお忘れないように。

Special Accommodations

身体的に特別な助けが必要な方のみ

Pursuant to the Americans with Disabilities Act, I require special accommodations at the event location and/or hotel. Please indicate type of accommodations below.

 Auditory

 Mobility

 Visual

Accommodations Needed

Characters Remaining: 255

**Next: Registration →**

← Back

全て入力を終えたら  
クリックする

**【ステップ5】**

該当するカテゴリーを選択し **Next: Your Events** をクリックして下さい。

Registration Type

[Dashboard](#)

Please select your registration type below and click Next.

	Virtual Fee
<input type="radio"/> RG23 - JSP/JACP Member	\$499.00
<input type="radio"/> RG24 - JSP/JACP Resident	\$149.00

106th AAP Annual Meeting  
coming soon!

85 : 12 : 20 : 59  
days hours min sec!  
...until Annual Meeting!

▼ Helpful Links

[FAQ](#)

[Perio Website](#)



**Next →**

← Back

★参考：上記カテゴリーの説明

RG 23: JSP/JACP Member (主にJSP/JACP会員である歯科医師・医師)

RG 24: JSP/JACP Resident (JSP/JACP会員である学部学生、大学院生、臨床研修歯科医、専修科生、レジデンント等が該当)

※Virtual Meetingでは歯科衛生士へのプログラム設定は見合せているため、歯科衛生士 (Dental Hygienist) ・医療機関関係者 (Office staff) ・歯科衛生士one day passの料金区分はございません。RG25、RG26、RG30で登録されていた歯科衛生士およびスタッフの方は、RG23への登録移行と新規登録あるいは無料でのキャンセルが可能です。大会組織委員会事務局 (アタラシア e-mail: [jsp\\_jacp20@atalacia.com](mailto:jsp_jacp20@atalacia.com)) まで、ご連絡ください。

## 【ステップ6】

確認と支払い。

### Review and Check Out

Satoshi Nakamura's Cart

Registration (JSP/JACP Resident)	\$149.00
Balance Due <b>\$149.00</b>	

Profile

**登録情報の変更、確認**

Payment



Selecting "Pay Now" below will redirect you to our SecuRemit Payment site where you may enter your credit card information. Completing the payment process will return you to this website.

By continuing forward, I authorize AAP to charge my credit card for the total amount above.

**Pay Now →**

[← Back](#)

**AAP Annual Meeting**

Please enter your credit card information below and press the "Submit" button.

Summary of Charges	Cards Accepted:
Registration Total \$149.00	 American Express  Visa  MasterCard  Discover
Total Amount Due: <b>\$149.00</b>	

**Credit Card Information**

Satoshi Nakamura

You may optionally select a payor to automatically populate your billing information.

Credit Card # *	Exp Month *	Exp Year *	CVV # <small>More Info</small>
Credit Card Number	01 Jan	2020	CVV #
First Name *	Last Name *	Company	Company Name
Satoshi	Nakamura		
Billing Address *	Billing Address2		
1-43-9,Komagome,Toshima-Ku		Address 2	

**Cancel** **Submit**

Dashboard

106th AAP Annual Meeting coming soon!

85 : 12 : 16 : 48 days hours min sec ...until Annual Meeting!

Helpful Links

-  [FAQ](#)
-  [Perio Website](#)
-  [Contact](#)

支払いはクレジットカードのみ。  
Pay Nowをクリックする。

入力済の方の名前を選択すると、登録した住所等が自動入力される。  
残りの\*のクレジットカード番号等の項目を入力する。

Submitをクリックする。

問題なければ、確認画面：前頁「Registration Total」を受領しました旨の文面が表示され終了となります。

#### 【重要：キャンセルについて】

Virtual Meetingへの参加を望まない場合は、9月25日（金）までにお申し出ください。その期限までは、無料でキャンセルが可能です。キャンセル希望者は大会組織委員会事務局（アタラシアe-mail: [jsp\\_jacp20@atalacia.com](mailto:jsp_jacp20@atalacia.com)）まで、以下の情報を必ず記載の上、メールにてご連絡願います。

- ・姓、名の英語表記
- ・Registration ID (参加登録完了時のconfirmation mailに数字4桁のConfirmation IDが記載されています。)
- ・Registration Type Code (RGから始まるコード)
- ・参加登録に使用されたメールアドレス

こちらで、登録がすべて終了となります。

もし、登録に関してご不明な事がありましたら、AAP-JSP/JACP大会事務局アタラシア ([jsp\\_jacp20@atalacia.com](mailto:jsp_jacp20@atalacia.com)) までご連絡下さい。