



american association of  
endodontists

# **AAE Affiliate Resource Manual**

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## INTRODUCTION

Congratulations on becoming a leader in your AAE Affiliate organization.

The AAE Affiliates provide a valuable opportunity for AAE members to gather, meet and grow professionally on a more regional basis. Members such as you who step up as volunteers to serve as affiliate leaders provide an invaluable service for your affiliate members. Over the course of your leadership role you may have questions or concerns that arise regarding your anticipated responsibilities. The AAE has put together this "AAE Affiliate Resource Manual" as an aid to help address and answer any questions that may arise for our affiliate leaders.

As you browse through this manual you will find information that will facilitate putting together an effective continuing education program for your members, information on financial guidelines/issues for AAE affiliates and information on various AAE services that are available and designed to support your affiliate organization.

We hope that this information will be useful for both you and future leaders of your affiliate. Should you have any questions or are looking for further information, Kelly McNamara, AAE Membership Director, has been assigned as your point of contact within the AAE national organization. Kelly can be contacted by phone at 800-872-3636, or by email at [kmcnamara@aae.org](mailto:kmcnamara@aae.org). Again, congratulations on your leadership position!

## MEETING PLANNING

This is an introduction to the details that are required for an AAE affiliate to plan a scientific meeting and the comments that are being presented are to provide a platform for the affiliate's brainstorming forum.

The reward for hosting an American Dental Association Continuing Education Recognition Program (ADA CERP) recognized meeting creates the most significant affiliate member value. Whether the goal is a program of a half day/full day meeting or even a seasonal theme multi-day conference, the members attending an affiliate continuing education seminar will be experiencing benefits beyond the lecture presentation and CE credits:

- Interaction socially and professionally with colleagues that will lead to quality networking.
- Opportunity to invite other District Affiliate leadership and members to your affiliate continuing education program.
- Openings for leadership opportunities on AAE, ADA, state associations and local component committee appointments.
- AAE bridging the gap: relevant information connecting the AAE leadership and district directors with input to the affiliate's needs and concerns.
- A stronger building bond between the affiliate members and the local graduate program director, the residents, and could provide private practice endodontists with information on part or full time faculty positions available with the graduate program.

The planning of an Affiliate ADA CEPR recognized meeting becomes the epicenter for creative teaching and for successful outcomes that will empower the affiliate's vision and mission.

## BECOMING AN ADA CERP PROVIDER

The American Dental Association's Continuing Education Recognition Program (ADA CERP) evaluates and approves organizations and individuals that provide continuing dental education. It does not approve the specific courses and educational activities offered by those organizations, nor does it approve the credit hours that continuing education providers offer.

AAE affiliates, districts, schools, companies and other groups may wish to apply for national ADA CERP recognition. In order to be an approved provider, applicants must meet the eligibility requirements identified on page one of the [ADA CERP Recognition Standards and Procedures](#). Applicants must also meet all of the standards and criteria for recognition.

For more information about applying for ADA CERP recognition, contact Kim Hendricks at [hendricksk@ada.org](mailto:hendricksk@ada.org) or 800-621-8099 ext. 2869.

In addition to applying for sole recognition status through ADA CERP, AAE affiliates, districts, schools, companies and other groups can work with an ADA CERP recognized provider to jointly sponsor a CE program. In Joint Sponsorship, the CERP recognized provider assumes responsibility for the planning, organizing, administrating, publicizing, presenting, and keeping records for the planned continuing dental education activity. See ADA CERP Recognition Standards and Procedures, Standard IX. Administration, Criteria 13-14, and Joint Sponsorship Policy for more information.

For more information on Joint Sponsorship, contact a local ADA CERP recognized provider. [Access a list of ADA CERP recognized providers.](#)

#### **ADA CERP EXTENDED APPROVAL**

AAE districts have the option of applying for extended approval through the AAE, Only ADA constituent (state) societies and ADA recognized specialty organizations that have been granted ADA CERP recognition are eligible to review and extend ADA CERP recognition to their components societies (local societies).

The extension of ADA CERP recognition by the AAE is limited to its districts that offer continuing education primarily to their own members. It does not include districts that sponsor CE programs targeting dentists from other states, particularly components with large, regional dental meetings.

Through the extended approval process, the AAE accepts responsibility to ensure that the CE activities offered by the district will be conducted in accordance with established ADA CERP standards and criteria.

For more information about the AAE's ADA CERP extended approval process contact the AAE Education Department at [education@aae.org](mailto:education@aae.org) or 800-872-3636, ext. 3034.

#### **AAE RECOMMENDED SPEAKERS LIST**

The AAE Recommended Speakers List is a valuable resource for affiliates in programming continuing education meetings. This list includes clinical topics and corresponding recommended speaker(s) who have been approved by the AAE Board of Directors as topic experts. Session titles/descriptions, a biography, disclosure statements and contact information are available for each speaker listed. Affiliates may contact these individuals directly to discuss their potential participation in its CE meeting.

View the Recommended Speakers List [online](#) or contact the AAE Education Department at [education@aae.org](mailto:education@aae.org) for more information.

## SAMPLE TIMELINE FOR CE EVENT PLANNING

| TASK   | Who | Due Date<br>(mos. before mtg.) | Notes   | C |
|--|-----|--------------------------------|---|---|
| 1. Finalize budget                             |     | 15 mos. prior                  |   |   |
| 2. Send out RFP to prospective hotel locations |     | 15 mos. prior                  | See <a href="#">Appendix A</a>  |   |
| 3. Select hotel and negotiate contract         |     | 15 mos. prior                  |   |   |
| 4. Finalize program topic                      |     | 13 mos. prior                  |   |   |
| 5. Identify speakers and subtopics             |     | 13 mos. prior                  |   |   |
| 6. Confirm speaker interest/availability       |     | 12 mos. prior                  |   |   |
| 7. Contact potential exhibitors, if applicable |     | 9 mos. prior                   |   |   |
| 8. Create website text and logo, if applicable |     | 8 mos. prior                   | For ADA CERP, program would need to follow all ADA CERP standards.                          |   |
| 9. Send first speaker letter/forms             |     | 8 mos. prior                   | See <a href="#">Appendix B</a>  |   |
| 10. Speaker materials/forms due                |     | 7 mos. prior                   |   |   |
| 11. Mail program to prospective attendees      |     | 6 mos. prior                   | For ADA CERP, program would need to follow all ADA CERP publicity standards.                |   |
| 12. Open registration                          |     | 6 mos. prior                   | For ADA CERP, program must be available to potential registrants before registration opens. |   |
| 13. Draft evaluation form                      |     | 4 mos. prior                   | See <a href="#">Appendix C</a><br><br>For ADA CERP, ensure all evaluation criteria are met. |   |
| 14. Send second speaker letter                 |     | 4 mos. prior                   | See <a href="#">Appendix D</a>  |   |
| 15. Cut-off for early registration             |     | 1.5 mos. prior                 |   |   |
| 16. Handouts due from speakers                 |     | 1 mos. prior                   |   |   |

|  |  |                |   |  |
|--|--|----------------|---|--|
| 17. Draft onsite material  |  | 1 mos. prior   |   |  |
| 18. Draft moderator instructions/talking points  |  | 2 wks. prior   |   |  |
| 19. Print additional onsite agenda and any other materials, i.e. handouts                      |  | 2 wks. prior   |   |  |
| 20. Print and assemble badges/registration packets   |  | 2 wks. prior   | Based on shipping date, if applicable                           |  |
| 21. Registration closes  |  | 1 wk. prior    |   |  |
| 22. Ship final programs, first aid kit, and all other materials to meeting site, if applicable |  | 1 wk. prior    |   |  |
| 23. Send last minute reminders to speakers   |  | 1 wk. prior    |   |  |
| 24. Prepare verification of participation letter for distribution at the event , if applicable |  | 1 wk. prior    | For ADA CERP, ensure all verification letter standards are met. |  |
| <b>EVENT</b>   |  |                |   |  |
| 25. Process CEC chair and speaker reimbursement requests                                       |  | 1 wk. after    |   |  |
| 26. Prepare evaluation report based on completed evaluation forms                              |  | 4 wks. after   | For ADA CERP extended approval, submit to AAE.                  |  |
| 27. Send verification of participation letter to attendees, if applicable                      |  | 4-8 wks. after | See <a href="#">Appendix E</a>                                  |  |
| 28. Prepare and distribute speaker thank yous and evaluation reports to speakers               |  | 6 wks. after   |   |  |

## MEETING PLANNING TIPS

- Ask for concessions in your Request for Proposal (RFP) to the hotel. It doesn't hurt to ask for things like upgraded suites, 1 complimentary room for every 30 (40 is typical) paid room nights, free Wi-Fi, parking, etc. The hotel may or may not give concessions depending on how much you will be spending for rooms and food and beverage, etc.
- It helps to give the hotel (or facility) as much detail as possible as to what meal functions will be held at the hotel. The more money they know they'll make, the more concessions they'll give. If there is a sleeping room block, meeting rooms are almost always complimentary.
- Almost everything is negotiable. Don't hesitate to go back and request a lower food and beverage minimum, deposit, etc.
- Don't forget to review banquet menus before committing to a venue. Make sure their prices fit into the overall budget and don't forget to include the tax and gratuity which are not negotiable. These usually add anywhere from an additional 25-35 percent.
- Every hotel/venue has its own in-house AV. These prices are almost always negotiable also. They will charge for everything including power strips and labor to "install" them. Ask about bringing in your own. Sometimes it is allowed.
- If serving liquor at a reception it is usually less expensive to pay by the drink and not do a package.

## AAE PRESIDENT OR DIRECTOR VISITS TO AFFILIATE MEETINGS

### Guidelines for AAE Officer and Director Visits

The American Association of Endodontists welcomes invitations from its affiliates and recognized study clubs for an AAE officer (usually the president-elect) and/or director from that affiliate's district to update their members on the ongoing activities of the AAE and to provide the opportunity, one-on-one, to discuss issues relevant to the specialty and other regional concerns. In an effort to make such speaking engagements beneficial for both the AAE and the inviting organization, the AAE Board of Directors established the following guidelines:

### Invitation

An invitation must be submitted in writing to the Executive Director at the Headquarters. In consideration of the officers' many obligations and busy schedules, the invitation should be received at least 120 days in advance of the scheduled event. The invitation should include the following information:

- Purpose of meeting
- Date and time of presentation
- Number of days required
- Location
- Anticipated number of attendees



- Other information that may be appropriate

### **Acceptance**

The officer and/or director will accept the invitation as long as no schedule conflicts exist and the officer has at least one hour to speak and answer questions. This will ensure that the time, effort and expense required are worthwhile for both the speaker and inviting organization.

### **Financial obligations**

- The inviting organization is responsible for the officer's and/or director's hotel accommodations.
- The AAE will provide per diem and round-trip coach airfare. The AAE Headquarters coordinates all financial considerations with the affiliate.
- The AAE will not cover expenses for a director attending his or her own affiliate's meeting.

### **Reports**

The invited officer and/or director completes an expense reimbursement form and Affiliate Visit Form.

### **Gift**

A small gift may be presented to the affiliate president or representative.

### **Communication**

The AAE is happy to provide affiliates with print materials for use as handouts at events (product catalogs, newsletters, free clinical resources, etc.), as well as information about current AAE activities in the form of a *State of the AAE* PowerPoint presentation. Requests can be directed to the Communications staff at [communications@aae.org](mailto:communications@aae.org).

A brief summary of the event, including any photographs that may have been taken, may be submitted to AAE Communications staff at [communications@aae.org](mailto:communications@aae.org) for publication in AAE newsletters and/or online.

## FINANCIAL RESOURCES

Maintaining the financial health of your State Affiliate is of paramount importance since you, the Executive are responsible for being the custodian of your member's contributions to your Association. All monies should be accurately accounted for and measures should be taken to prudently manage the Affiliate's finances. Whether you maintain a simple checking account or have a more complex investment and disbursement system, the following section will provide you with some helpful information that you need to better manage your affairs.

### FINANCIAL GUIDELINES FOR AFFILIATES

- Have an official business checking account for your affiliate organization, separate from personal banking accounts of its officers, in order to have clear records of income and expenses.
- Attach receipts for all expenses to each bank statement and reconcile your statement every month
- Keep bank statements for seven years in a secure location.
- If your affiliate employs staff, payroll taxes and social security need to be paid according to federal and state laws.
- Every year, consult with a tax advisor if your affiliate needs to file a 990 form *Return of Organization Exempt from Income Tax* with the IRS. 990 forms are used for taxpayers and tax-exempt organizations to report financial information to the IRS.
- If within a calendar year, your affiliate pays \$600 or more to any individual other than an employee, you will need to send that person a 1099 tax form *Miscellaneous Income*. A 1099 tax form is used to report income to an individual that is not part of the wages, salaries and tips reported on a W-2. Consult with a tax advisor before December 31 of each year.
- Consult with either an accountant or a lawyer to ensure that your affiliate has the correct tax exemption.
- [Directors and Officers insurance](#) can be obtained inexpensively with the AAE.
- A basic bookkeeping template is provided in [Appendix F](#).

## **OVERVIEW: AFFILIATE TAX EXEMPTION**

### **Why should my affiliate apply for tax exempt status with the IRS?**

Professional associations such as AAE affiliates that meet the requirements of Internal Revenue Code section 501(c)(6) are exempt from federal income tax. An AAE affiliate which has not received IRS recognition of exemption may be required by the IRS to file tax returns as a taxable corporation, irrespective of its level of income.

### **What are the requirements for exemption?**

IRS Publication 557, *Tax Exempt Status for Your Organization* discusses the rules and procedures for organizations that seek recognition of exemption. This booklet is accessible on the IRS Web site at <http://www.irs.gov/pub/irs-pdf/p557.pdf>.

Affiliates wishing to independently apply for recognition must complete IRS Application Form 1024, *Application for Recognition of Exemption*: <http://www.irs.gov/pub/irs-pdf/k1024.pdf>.

Exempt affiliates with \$50,000 or more in gross income in any calendar year (e.g., from dues collection or meeting registration fees) are still required to file an IRS tax return annually (Form 990 or 990EZ). Exempt affiliates with less than \$50,000 of gross income need to file an "e-postcard" annually (Form 990-N) to inform the IRS that the organization is still operating. Information provided on this e-postcard includes the organization's Employer Identification Number or Taxpayer Identification Number, name and address, name and address of a principal officer, a Web site address (if applicable), and confirmation that the organization's gross income does not exceed \$50,000.

### **How do I know if my affiliate is already tax exempt?**

If your affiliate has received tax exemption, you should have an IRS determination letter stating recognition of exempt status. You may also confirm your organization's status by calling the IRS (toll-free) at 877-829-5500.

### **Where can I find more information?**

The IRS makes non-profit tax information, explanations, guides, forms and publications available through its website at <http://www.irs.gov/charities/nonprofits/index.html>.

In addition, your Secretary of State's office provides information about state requirements for forming a non-profit organization, filing annual reports with the state and various state tax exemptions that may apply to your affiliate. The Secretary of State should also be able to provide a Certificate of Good Standing to existing non-profits that satisfy all the relevant requirements of the state's statutes.

## **AAE SERVICES**

In the following pages you will be directed through the different benefits the AAE can offer to your Affiliate. The insurance plan from CNA insurance offers protection for the Affiliate officers, directors, and volunteers as they perform their duties of leadership. To help you with dues collection and administrative records the AAE offers a program that bills your membership, collects fees, and provides your treasurer with all the necessary documentation, all at a very nominal fee.

As you start to plan your affiliate meetings the AAE has thought through every detail and included all the templates to make your meeting successful. This section includes information on how the AAE can assist you in reaching out to your membership about upcoming events through mass emails and District Newsletters, and even includes information on how to obtain an AAE logo for your Affiliate's use.

With everything right here at your fingertips, your next Affiliate event is sure to be a success.

### **DIRECTORS AND OFFICERS INSURANCE**

- Directors & Officers Insurance is offered by the AAE through CNA Insurance Company.
- The policy can protect affiliate officers, directors and volunteers for all decisions that are made at the affiliate board level.
- A partial list of what is covered includes:
  - Libel
  - Slander
  - Infringement of copyright
  - Unauthorized use of title
  - Wrongful dismissal or discharge of employment
- The insurance covers Damages and Defense costs within the limits of the policy.
- Claims are only covered during the policy period, so a policy should never lapse or the affiliate chances the possibility of an uncovered lawsuit.

There is a nominal fee to each Affiliate that requests coverage. Additional information on the program and an application can be obtained from AAE Headquarters.

### **DUES COLLECTION**

The AAE offers a voluntary dues collection program for affiliate organizations. The purpose of the program is to ease the administrative burden of soliciting and maintaining membership records by affiliate groups, and to encourage local activity among affiliate members through the consistent collection of membership fees. Participating affiliates are encouraged to use these collected dues for the development of unique programs and services for their members (e.g., events to facilitate continuing education or networking). These benefits should be communicated to AAE membership staff for use in promoting affiliate membership.

### Administrative Fee

An administrative fee will be charged to participating affiliates to cover the administrative costs of the program. This fee is equivalent to \$2 per individual invoiced by the AAE. If you wish to offer specific member rates for each individual member type, the fee is \$3 per individual. (See chart below)

| Member Type                 | Membership Fee      |
|-----------------------------|---------------------|
| Active                      | 100% of chosen rate |
| Active 1 <sup>st</sup> year | 50% of Active rate  |
| Active 2 <sup>nd</sup> year | 75% of Active rate  |
| Educator                    | 50% of Active rate  |

### Program Details

#### The AAE is responsible for:

- Adding a line item to its membership dues invoice listing affiliate dues for **all** AAE Active, Educator and Life members (Retired and Resident members may be added at affiliate's request) in the participating state or Commissioned Corps of the United States Public Health Services. *(NOTE: Members who participate in your affiliate from another state must be identified in advance of dues billing.)*
- Announcing to membership that the online dues payment system has been activated, and their affiliate and AAE dues can be paid online 24 hours a day, 7 days a week.
- Mailing invoices (according to the AAE dues collection schedule). First invoices will be sent in May, and two additional reminder invoices will be sent in June and August to those members who have yet to pay their dues.
- Announcing the Affiliate Dues Collection Program in AAE communications vehicles.
- Mailing dues collection payments to affiliate president or treasurer in September and January. A third check will be mailed if the AAE receives any additional affiliate dues payments between January 1 and April 30.
- Providing the affiliate president and treasurer with a list of affiliate members who have paid dues, and a list of members who chose not to pay affiliate dues.

#### The Affiliate is responsible for:

- Specifying the amount of dues to be collected by the AAE and modifying the affiliate dues cycle to coincide with the AAE's fiscal year billing cycle (July 1 – June 30).
- Identifying AAE members who participate in the affiliate from other states in advance of billing.
- Completing and signing the enclosed agreement form and returning it the AAE **by March**.

### How to Participate

Each affiliate President receives a contract annually which includes information specific to that state, including how many members would be invoiced and what the administrative cost would be for each option.

For additional information, please contact AAE Membership Director Kelly McNamara at [kmcnamara@aae.org](mailto:kmcnamara@aae.org) or at 800-872-3636.

## CONSTITUTION AND BYLAWS

The AAE provides templates for its Affiliates to use in developing or updating their own Constitution and Bylaws. These templates cover basic organizational structure for most Affiliates and may be added to or adjusted based on the individual organization's needs. Samples are available in [Appendix G](#).

## MASS EMAILS

- The AAE helps affiliates communicate to their constituents by sending mass emails at your request at no cost to you.
- Just send the announcement you would like to distribute to your affiliate members to AAE's Membership Department ([membership@aae.org](mailto:membership@aae.org)) with instructions about timing and the recipients. A mass email request form is included as [Appendix H](#). Request forms must be received **at least two weeks in advance** of your send date.
- You will have the opportunity to see the email before it is sent.
- You may choose if you want the email to be sent to members in your state, members in your district, or the entire membership. Both District Directors must approve any emails sent to the district. Affiliates may send an email to the entire membership **once per year**.

## DISTRICT E-NEWSLETTERS

- Following each Board of Directors meeting, a District e-newsletter is sent to all District members.
- AAE staff prepares a summary of Board actions taken at the meeting, while District Directors add local news and announcements that might be of interest to members in your area. As Directors are very interested in learning about what is happening at the affiliate level, affiliate leaders are encouraged to provide their District Director with updates on local activities.
- If you have news to share in the e-newsletters, please send it to your District Director. For example, your affiliate may want to include a note about an upcoming meeting, a story about a recent meeting or event; stories or issues that members are interested in sharing with other endodontists in your region.

## DISTRICT AND AFFILIATE LOGOS

When a logo of the American Association of Endodontists is used, a promise of excellence, integrity and professionalism is reflected. This powerful member benefit gives AAE districts and affiliate organizations visibility and recognition, and reflects that they are a part of a professional community with high standards. Precision and consistency when using AAE logos are critical to success. The enclosed guidelines will help AAE districts and affiliate organizations use the logos in a manner that upholds the integrity and distinction of the AAE brand.

The logos of the AAE are the exclusive property of the AAE. Any use or reproduction by anyone who is not an Active member in good standing of the Association, or by any such member in a manner that does not conform to that described in this document, is prohibited. Unauthorized use of the logo may result in legal action.

If you have any questions regarding the use of the logo, contact the AAE Communications Department at 211 E. Chicago Ave. Suite 1100, Chicago, IL 60611-2691; 800-872-3636 (U.S., Canada, Mexico); 312-266-7255; or [communications@aae.org](mailto:communications@aae.org).

### *Sample Logos*

Upon request to the AAE Headquarters office, logos are created for AAE districts and affiliate organizations to resemble the samples below:

#### **District Logo**



#### **Affiliate Logo**



### *Who can use the AAE logos?*

The district and affiliate logos are for use exclusively by **AAE District Directors or officers of recognized affiliate organizations.**

### *Where can the logos be used?*

- On official AAE district or affiliate organization stationery (envelopes, letterhead, fax and memo cover pages, etc.);
- In AAE district or affiliate websites;
- In printed or electronic directory listings; and
- In promotional materials for AAE district or affiliate events if appropriate permission has been granted (refer to *Permission* below).

### *What are the rules for using the logos?*

#### **Permission**

- AAE district and affiliate logos may only be used by AAE District Directors or officers of recognized Affiliate organizations, or others who have been appointed by them

to carry out official district/affiliate business.

- AAE **district** logos may only be used in promotional materials of an affiliate organization with the agreement of all AAE Directors in the affiliate's district.

### **Physical Modifications**

- The AAE logo must be used in its entirety.
- The AAE logo may not be altered in any way, including proportion, color, element, type.
- Never tilt, skew, expand, condense or place the AAE logo inside a shape.

### **Misrepresentation**

The AAE *restricts* the use of its logos in the following instances:

By anyone in any circumstance(s) that would imply or suggest to the public that an AAE district or affiliate is being officially represented when that is not the case.

### **Assimilation of Logo**

The AAE logo may not be used in connection with, assimilated by or merged in any way with another design or trademark. This does not mean that a district's or affiliate's stationery or website cannot have any other design or trademark on it, but that the AAE logo must be separate from any other picture or design so as to maintain its distinct and separate identity. Furthermore, the logo may not be used on stationery or websites that contain otherwise unethical or illegal representations of the character of the practice. (Refer to *Misrepresentation*.)

When representing a partnership, the AAE logo and partner logo should be of equal size. In a vertical format, the AAE logo should appear above. In a horizontal format, the AAE logo should appear to the left.

### **Presentations**

The logo may not be used on district or affiliate presentation title slides or other presentation slides obtained from sources outside the AAE.

### **Educational Materials**

The logo may not be used on patient education materials or publications developed by districts or affiliates.

### **What colors and file types can be used?**

The official color of the **district** and **affiliate** logos is a shade of blue ink known to printers as PMS 287, or C:100 M:69 Y:0 K:11. The logo in color reproduction should always be in this color, black or white.

The following chart will help determine what logo file types are needed for various media.



|     | WEB | POWERPOINT | E-MAIL | PRINT |
|-----|-----|------------|--------|-------|
| EPS |     |            |        | ✓     |
| TIF |     |            |        | ✓     |
| JPG | ✓   | ✓          | ✓      |       |

**Where can I get the logos? What if I have questions?**

The AAE Communications Department staff is available to provide you with the logo file that is perfect for your needs, and can also answer questions regarding logo usage and technical specifications. Contact us at 180 N Stetson Ave Ste 1500, Chicago, IL 60601; 800-872-3636 (U.S., Canada, Mexico); 312-266-7255; or [communications@aae.org](mailto:communications@aae.org).

**SAMPLE REQUEST FOR PROPOSAL**

The American Association of Endodontists was founded in 1943, and approximately 93 percent of the nation's endodontists are members of the AAE. The AAE currently has over 7,500 members from the United States, Canada, and around the world. Endodontists are the dental specialists who perform root canal treatment.

The American Association of Endodontists promotes the exchange of ideas on the scope of the specialty of endodontics; stimulates endodontic research studies among its members; and encourages the highest standard of care in the practice of endodontics.

The AAE provides continuing education courses for practicing endodontists, so they can continue to be knowledgeable about state-of-the-art research, clinical procedures, and technology. Through this advanced knowledge, they can offer patients the very best of endodontic care.

**Program Name**

AAE Foundation Board of Trustees Meeting

**Definite Dates**

Saturday, March 24, 2012

**City Location**

Definite for Chicago

**Guestroom Requirements/Reservation Method**

|                          |            |
|--------------------------|------------|
| Friday, March 23, 2012   | 18 rooms   |
| Saturday, March 24, 2012 | 18 rooms   |
| Sunday, March 25, 2012   | Departures |

The AAE will provide a housing list.

**Program Schedule/Requirements:**

**Saturday, March 24**

|                 |           |       |            |
|-----------------|-----------|-------|------------|
| 7:30 – 8 a.m.   | Breakfast | 21 pp | Buffet     |
| 8 a.m. – 5 p.m. | Meeting   | 21 pp | Conference |
| 10 – 10:15 a.m. | Break     | 21 pp |            |
| Noon – 1 p.m.   | Lunch     | 21 pp | Buffet     |
| 2 – 2:15 p.m.   | Break     | 21 pp |            |

**Other Requirements**

- Standard audiovisual (e.g., computer projector, screen)
- Separate Room for Lunch

***Requested Concessions***

- 1 per 30 comp
- Complimentary meeting space
- One suite upgrade @ group rate
- Two staff rates @ 50% off of group rate
- Two complimentary parking passes
- Complimentary internet access in meeting room

***Billing***

Room and tax to master account for all participants. Incidentals on own at check out.  
All other authorized meeting charges to master.

**Approximate Decision Date**

January 20, 2012

**Send Proposal to:**

Meeting Services Manager  
American Association of Endodontists  
180 N Stetson Ave, Ste 1500  
Chicago, IL 60601  
800-872-3636  
866-451-09020 (fax)  
*meetings@aae.org*

**SAMPLE FIRST SPEAKER LETTER, SPEAKER CONDITIONS, SESSION INFORMATION FORM, AND SPEAKER BIOGRAPHY**

Date

Salutation:

On behalf of the **NAME OF PLANNING COMMITTEE**, thank you for agreeing to participate in the **EVENT TITLE** of the **ORGANIZATION NAME**, held **DATE** in **LOCATION**.

**Session Details**

Title: **TITLE**

Date: **MONTH, DAY, YEAR**

Time: **TIME**

**SPEAKER INFORMATION**

**Speaker Conditions**

Please carefully review, complete and return the *Speaker Conditions* (enclosed).

**Session Information Form**

Please complete the *Session Information Form* (enclosed) that includes your session description and three learning objectives, which will be published in the promotional material. Sample *Session Information Form* is also enclosed.

**Biographical Information**

Please return a short biography in narrative form; do not attach a curriculum vitae. A sample biography is enclosed.

**Headshot Photo**

Please return a photo suitable for publication (preferred file format: tiff, 300 dpi).

**TRAVEL/EXPENSES**

**Honorarium/Expenses**

We have agreed to provide you with the following in honorarium and expense reimbursement:

**Air Travel**

Please make your air travel arrangements as soon as possible. Your recommended arrival date is **DATE** and departure date is **DATE**.

**Hotel Accommodations**

We will reserve a **TYPE OF ROOM** on your behalf at the **HOTEL NAME** for a maximum of **NUMBER** nights. Please contact me to confirm your check-in/out dates.

## SUMMARY

Please forward the following information to me by DATE via e-mail at E-MAIL ADDRESS, fax at NUMBER, or postal mail to ADDRESS.

1. Completed and signed *Speaker Conditions*
2. Session Information Form
3. Biographical Information
4. Headshot Photo
5. Hotel Check-In/Out Dates

If you need any assistance in the meantime, please do not hesitate to contact me at NUMBER.

Again, on behalf of the committee, thank you for agreeing to participate, and for your generous contribution of time and effort.

Closing,  
Signature and Name

---

## SAMPLE SPEAKER CONDITIONS

### **ADA CERP Compliance**

Prior to the beginning of a presentation, speakers must caution the audience about the potential risks of using limited knowledge when incorporating new techniques and procedures into their practices.

### **Advertising and Sales**

No advertising matter, commercial promotion, solicitation or sales of any type, including instruments and seminars, are permitted in any part of the presentation.

### **Audiovisual Equipment**

Every effort is made to foster enhanced visual presentations and provide its speakers with high-quality presentation equipment and technical assistance. Any images must be projected via a computer. More detailed AV information to follow.

### **Conflict of Interest**

A speaker must provide his/her understanding and disclosure of any conflict of interest, and the prospective audience must be made aware of the affiliation/interest through notice in the program. Having an interest in a product, service, course or company does not necessarily preclude a speaker's participation or affect the status of the speaker. The purpose of collecting this information is to share it with the membership and/or attendees to help them gain perspective on the presentations and to operate within the guidelines of ADA CERP. In deciding what to disclose, speakers should carefully consider whether any particular affiliation(s) could cause embarrassment to the speaker or the American Association of Endodontists, or whether it could lead to questions regarding the speaker's motives if such affiliation(s) were made public. Speakers should exercise particular care that no detriment to the ORGANIZATION NAME will result from conflicts between self interest and those of the

**ORGANIZATION NAME.**

**Initial either Declaration A OR Declaration B:**

**Declaration A**

In accordance with this policy, I declare that I have no proprietary, financial, or other personal interest of any nature or kind in any product, service, course and/or company, or in any firm beneficially associated therewith, that will be discussed or considered during the proposed presentation.

Initials \_\_\_\_\_ (If you initial here, do not initial Declaration B.)

**Declaration B**

In accordance with this policy, I declare I have a past or present financial interest/arrangement, consulting position or affiliation with the corporate organization(s) whose product(s) I will discuss in my presentation, as indicated below:

*Affiliation/Financial Interest Corporate/Institutional Entity*

Grants/Research Support: \_\_\_\_\_

Consultant: \_\_\_\_\_

Stock Shareholder (directly purchases): \_\_\_\_\_

Honorarium: \_\_\_\_\_

Financial/Material Support: \_\_\_\_\_

Initials \_\_\_\_\_

**Drugs, Products and Services**

Drugs mentioned in presentations should generally be identified by chemical formulae, or by generic or common names except if mention of a trade name is deemed absolutely necessary for identification purposes. Promotion of any specific vendor or any specific product by trade name is absolutely prohibited. Also prohibited are specific mentions of available courses or services.

**HIPAA Compliance**

Presentation material must meet the Health Insurance Portability and Accountability Act guidelines. These guidelines state that patient records and photos used in teaching must be stripped of all "direct identifiers," such as name, address, social security number, patient ID number, identifiable photographic images, etc. Or, the speaker must have written authorization from the patient to use his/her directly identifiable health information. Presentation materials include, but are not limited to, handouts, visual presentations and reproductions of journal articles.

**Publicity and Public Information**

A major value of the **EVENT NAME** is its ability to impact public and professional opinions on the specialty and the **ORGANIZATION NAME**. Therefore, it is important that only correct and authenticated information be presented. Any news releases, photographs and interviews with press, radio or television reporters must be handled through headquarters. Sessions are open to the media and therefore, any statements by speakers may be reported in public news media.

**Statement of Professionalism**

The **ORGANIZATION NAME** strives to present high-quality programs for continuing dental education. A speaker's presentation material must be relevant and presented in a professional manner within the

allotted time. Presentations will be educational in content and free from commercial or promotional bias. Because audiences for these programs come from diverse backgrounds, speakers must be sensitive to everyone in the audience. Members of the profession and its allied fields should be made to feel welcome, safe and comfortable, both psychologically and physically. Speakers should embrace a communication style that is sensitive to differences in gender, ethnicity, age, religion, politics and disabilities. Any harm claimed by a member of the audience shall be the sole responsibility of the speaker. Consequently, speakers should review the content of their presentations and their delivery styles, use inclusive language, and eliminate all inappropriate and offensive remarks.

*I agree to be bound by the terms of these conditions as stated above.*

***Additionally:***

**Indemnification**

I hereby agree to indemnify and hold harmless the **ORGANIZATION NAME** from any and all liability related to the content of my presentation.

**Copyright**

If your presentation includes content originally developed by someone other than you and taken from a copyrighted source, copyright permission may need to be obtained. You agree to do one of the following:

- a. Obtain permission from the copyright holder; or
- b. Inform the **ORGANIZATION NAME** of the copyrighted content and we will work together to determine if copyright permission is required and to help you obtain it; or
- c. Modify your presentation to conform to copyright law.

**Signature of Agreement**

**Date** \_\_\_\_\_

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**SAMPLE SESSION INFORMATION FORM**

**Title of presentation:** Current Concepts, Future Challenges in Root Canal Instrumentation

**Session Description: (Description limited to 75 words or less)**

Currently available endodontic instruments usually perform well in clinical settings. Specifically, they allow most root canals to be shaped without major preparation errors. However, clinicians feel that there are issues where improvement is needed. One often cited problem is the potential of instrument fracture, another is insufficient cleaning of canal spaces, eventually leading to post-treatment disease. This presentation will describe concepts that are perceived as current gold standard as well as future directions for improvements.

**Learning Objectives: At conclusion, participants should be able to:**

- ⦿ Describe important aspects of current instrument design and application parameters
- ⦿ List current problems with instrument performance that may alter endodontic outcomes
- ⦿ Assess the potential for improvement of currently available instruments and techniques in the near and distant future

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## **SAMPLE BIOGRAPHY**

Dr. Walton is a native of the Pacific Northwest. He earned his DMD at the University of Oregon in 1965 and a certificate in Endodontics and Masters in Histology at the University of Illinois in 1970. A long-time educator and researcher, he taught at the University of Connecticut and the Medical College of Georgia. He has been at the University of Iowa, serving as Chair for thirteen years and now as Professor. Dr. Walton has published extensively in both the clinical and basic science literature and coauthors the textbook *Endodontics: Principles and Practice*, now in the 4th edition, with Dr Torabinejad. He has received teaching and research awards at his institution and from the American Association of Endodontics. Dr. Walton recently had an Endowed Professorship established in his name at the University of Iowa.





American Association of Endodontists  
2010 Annual Session, April 14–17, San Diego, California

EVALUATION

|  |                      |                                       |                            |                      |
|--|----------------------|---------------------------------------|----------------------------|----------------------|
| IMPORTANT-<br>ATTENDANCE<br>VERIFICATION | Your membership #:   | First 4 letters of<br>your last name: | Session<br>verification #: | CE hours: 1.5        |
|  | <input type="text"/> | <input type="text"/>                  | <input type="text"/>       | <input type="text"/> |

Session Number: **HTC-100**      Session Title: **Apical Diameter — Large vs. Small**

Date and Time: **Wednesday, April 14, 2010  
10:30 AM - 12:00 PM**

Room: **1**

What is your professional status?  
 Clinician     Educator     Resident     Auxiliary

Number of years in practice:  
 Less than 5 yrs.     5-10 yrs.     11-15 yrs.     More than 15 yrs.     N/A

1. SESSION OBJECTIVES

Please indicate whether the learning objectives were met.  
At conclusion, participants should be able to:

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| Describe the rationale and research behind the two viewpoints.   | <input type="radio"/> | <input type="radio"/> |
| List the instruments and procedures used to achieve the desired apical preparation outcomes discussed. | <input type="radio"/> | <input type="radio"/> |
| Make more informed clinical decisions about appropriate apical preparation diameters.                  | <input type="radio"/> | <input type="radio"/> |

2. SESSION CONTENT

|  | Excellent             | Very Good             | Good                  | Fair                  | Poor                  | N/A                   |                       | Excellent             | Very Good             | Good                  | Fair                  | Poor                  | N/A                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Usefulness .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Appropriateness ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comprehensiveness .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Thoroughness .....    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Helped to achieve your personal objectives .....                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Improved your knowledge/competency as a dental healthcare professional ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Was the information presented supported by any scientific evidence, and if so, which of the following levels of evidence were used?  
(please check all that apply)

Controlled Clinical Trials     Cohort Studies     Case Control     Case Series  
 Case Reports     None     I am unable to differentiate types of studies

3. SPEAKER EFFECTIVENESS

|                              | Content               |                       |                       |                       |                       |                       | Speaking Skills       |                       |                       |                       |                       |                       | Printed Materials     |                       |                       |                       |                       |                       | Visual Aids           |                       |                       |                       |                       |                       |                       |                       |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                              | Excellent             | Very Good             | Good                  | Fair                  | Poor                  | N/A                   | Excellent             | Very Good             | Good                  | Fair                  | Poor                  | N/A                   | Excellent             | Very Good             | Good                  | Fair                  | Poor                  | N/A                   | Excellent             | Very Good             | Good                  | Fair                  | Poor                  | N/A                   |                       |                       |
| Speaker Name(s):             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| E. Steve Senia, D.D.S., M.S. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| L. Stephen Buchanan, D.D.S.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. COMMENTS

What topics would you like addressed in the future?

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General comments/suggestions:

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Name/e-mail (optional):

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Thank you. Please return your completed form to the room monitor or deposit it in the evaluation receptacle located in the registration and information area.

2010 Perception Solutions, Inc. www.perceptionsolutions.com

## SAMPLE SECOND SPEAKER LETTER

TO:           SPEAKER NAME  
FROM:        CONTACT NAME  
RE:           **Second Speaker Communication**  
DATE:        MONTH, DAY, YEAR

We look forward to your participation at the **NAME OF PLANNING COMMITTEE**, thank you for agreeing to participate in the **EVENT TITLE** of the **ORGANIZATION NAME**, held **DATE** in **LOCATION**. I am contacting you regarding a few important items for your presentation.

### *Presentation Date and Time*

Title:   **TITLE**  
Date:   **MONTH, DAY, YEAR**  
Time:   **TIME**

Attached is the program, for your information.

### *Audio Visual Information*

The lecture room will be equipped with **LIST OF AV EQUIPMENT**. If you have any additional AV requests, please let me know.

### *Handout Material*

Presenters are encouraged to provide a handout encompassing the presentation objectives and key points. These materials will be provided to attendees at the meeting. PowerPoint® or Keynote® slides are an acceptable handout form, as well as outlines, references and articles.

Handout material is due no later than **DATE**.

### *Registration Materials*

As a speaker, you are automatically registered for the meeting. Your name badge and registration material will be waiting for you at **EVENT LOCATION** during registration hours indicated in the program.

### *Hotel Accommodations*

We have reserved a **TYPE OF ROOM** on your behalf at the **HOTEL NAME** from **DATE** to **DATE**. Please let me know if would like to modify your hotel accommodations.

### *Closing*

To recap, please forward the following information to me by **DATE**:

- Any additional AV needs
- Handout
- Changes to your hotel check-in/out dates

*Method of submission: via e-mail at **E-MAIL ADDRESS**, fax at **NUMBER**, or postal mail to **ADDRESS**.*

If the AAE can be of additional assistance, please feel free to contact me. Thank you again for participating in the **EVENT TITLE**. We greatly appreciate your effort to make this an exceptional continuing education event!



**VERIFICATION OF PARTICIPATION LETTER**

William T. Johnson, D.D.S., M.S.  
Dept of Endo Col of Dent Univ of IA

American Association of Endodontists  
211 E. Chicago Ave., Suite 1100  
Chicago, IL 60611-2691

435 Dental Science Bldg S

The American Association of Endodontists verifies that **William T. Johnson, D.D.S., M.S.**, participated in the continuing education lecture/participation course, **2011 Fall Conference - Challenges in Practice: Integrating Endodontics Into Comprehensive Care** - on November 3 - 5, at the The Roosevelt Hotel Waldorf Astoria Collection, in New Orleans, LA.

All information contained on this certificate is truthful and accurate. Speakers were selected because of their expertise and recent lecture experience. Completion of course(s) does not constitute authorization to perform any services he/she is not legally authorized to perform based on license permit type.

CE credits issued for participants may not be applicable for license renewal in all states. Since CE requirements and acceptable credits vary, each participant must verify the requirements of their state licensing board and whether the Verification of Participation Letter should be retained by the participant or sent to the state board.

The American Association of Endodontists is an ADA CERP Recognized Provider and a recognized provider in Florida (#PP0049), with the AGD (#4401) and in California (#2030). ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at [www.ada.org/goto/ceerp](http://www.ada.org/goto/ceerp).



Verified by Beverly K. Albert, Assistant Executive Director for Education

| Participant Signature |                                     | Participant License Number                                       |             |
|-----------------------|-------------------------------------|--|-------------|
| Session #             | Title                               | Speaker(s)   | CE Hours    |
| FC1                   | Thursday Sessions (4.0-2030-111101) | David Schwab Ph.D.<br>Shimon Friedman<br>D.M.D.                  | 4.00        |
| FC2                   | Friday Sessions (3.5-2030-111102)   | John S. Olmsted<br>D.D.S., M.S.<br>Richard S. Schwartz<br>D.D.S. | 3.50        |
| <b>Total Credits:</b> |                                     |  | <b>7.50</b> |

APPENDIX F

SAMPLE MONTHLY BOOKKEEPING TEMPLATE – AFFILIATE OPERATIONS

Note: A fully-functional Excel template is available to you online at [www.aae.org](http://www.aae.org).

Affiliates Template Financial Reporting

|                     | Month       | Year to Date |  |
|---------------------|-------------|--------------|--|
| Commercial Checking |             |              |  |
| Any investments     |             |              |  |
| <b>Total</b>        | <b>0.00</b> | <b>0.00</b>  |  |

Cash Reconciliation

Weekly deposits  
1/6/20xx  
1/13/20xx  
**Total**

The weekly deposits should equal the amount in the bank.

Income Statement compared to a Budget

|                                    | Actual | Month        | Actual Year to Date | Annual Budget | ACT. YTD vs BUDGET |
|------------------------------------|--------|--------------|---------------------|---------------|--------------------|
| Dues/Member                        |        | 20.00        | 20.00               | 40.00         | (20.00)            |
|                                    |        |              |                     |               | 0.00               |
|                                    |        |              |                     |               | 0.00               |
|                                    |        |              |                     |               | 0.00               |
| Other Income                       |        |              |                     |               | 0.00               |
|                                    |        |              |                     |               | 0.00               |
|                                    |        |              |                     |               | 0.00               |
| Transfer from Reserves             |        |              |                     |               | 0.00               |
| <b>Total Receipt</b>               |        | <b>20.00</b> | <b>20.00</b>        | <b>40.00</b>  | <b>(20.00)</b>     |
| AAE Alliance                       |        | 10.00        | 10.00               | 5.00          | 5.00               |
| AAE Foundation                     |        |              |                     |               | 0.00               |
| Speaker Fees                       |        |              |                     |               | 0.00               |
| Bank Charge                        |        |              |                     |               | 0.00               |
| BOD Meetings                       |        |              |                     |               | 0.00               |
| Conference Calls                   |        |              |                     |               | 0.00               |
| Dues Collection by AAE *           |        |              |                     |               | 0.00               |
| Gifts/Plaques                      |        |              |                     |               | 0.00               |
| Insurance D&O AAE *                |        |              |                     |               | 0.00               |
| Office Supplies                    |        |              |                     |               | 0.00               |
| Post Graduate Education Activities |        |              |                     |               | 0.00               |
| Postage                            |        |              |                     |               | 0.00               |
| Printing                           |        |              |                     |               | 0.00               |
| Professional Services              |        |              |                     |               | 0.00               |
| Taxes                              |        |              |                     |               | 0.00               |
| Travel                             |        |              |                     |               | 0.00               |
| Website                            |        |              |                     |               | 0.00               |
| misc.                              |        |              |                     |               | 0.00               |
| <b>Total Expenditures</b>          |        | <b>10.00</b> | <b>10.00</b>        | <b>5.00</b>   | <b>5.00</b>        |
| <b>Net</b>                         |        | <b>10.00</b> | <b>10.00</b>        | <b>35.00</b>  | <b>(25.00)</b>     |

\* cost deducted by AAE

**AFFILIATE CONSTITUTION AND BYLAWS TEMPLATES**

**Constitution**

**Article 1. Name**

Section 1. The name of this association shall be the \_\_\_\_\_ State Association of Endodontists, hereinafter called "the Association" or "this Association."

**Article II. Objectives**

The objectives of this Association shall be:

- a) To promote the highest standard of endodontic care for the public.
- b) To be an affiliate association of the American Association of Endodontists.
- c) To represent the specialty of endodontics in the state of \_\_\_\_\_.
- d) To maintain cooperative relations with the state and local dental societies and other dental specialty organizations.
- e) To provide the public, the media and third party carriers with information and guidance in matter relating to endodontics.

**Article III. Membership**

The membership of this affiliate association shall be composed of only Active, Educator and Life members of the American Association of Endodontists with the state of \_\_\_\_\_.

All Active, Educator and Life members of the American Association of Endodontists within the state of \_\_\_\_\_ shall be eligible for Active membership. No Active, Educator or Life members of the American Association of Endodontists within the state of \_\_\_\_\_ can be excluded from active membership in this Association. Retired and Resident members can be included if the affiliate chooses.

**Article IV. Officers**

Section 1. The officers of this Association shall consist of a president, vice president and secretary-treasurer.

Section 2. The duties of the officers shall be those conventionally associated with the official titles and such other duties as the officers or membership may assign.

Section 3. Each officer shall serve for a term of one year or until a successor is installed.

**Article V. Meetings**

There shall be an annual meeting of the Association. The time and place of said meeting shall be decided upon by the membership or may be delegated by them to the Officers of the Association.

**Article VI. Relationship with the American Association of Endodontists**

This Association agrees to abide by the constitution and bylaws of the American Association of Endodontists.

**Article VII. Amendments**

The Constitution may be amended by a 3/4ths vote of the voting membership of the Association present at the annual meeting. Proposed amendments shall be published or distributed to the membership at least 30 days prior to the annual meeting.

## Bylaws

### **Chapter I. Membership Requirements**

Members within the state of \_\_\_\_\_ shall be an Active, Educator or Life member of the American Association of Endodontists.

### **Chapter II. Ethics and Professional Conduct**

The Principles of Ethics and Code of Professional Conduct of the American Association of Endodontists and the American Dental Association shall govern the professional conduct of all members of this Association.

### **Chapter III. Rights and Privileges of Members**

Members shall have all of the privileges of membership, including the right to vote at meeting, to nominate and to hold office.

### **Chapter IV. Annual Dues**

Section 1. Annual dues shall be determined by the officers with the approval of the active members present and voting at the general meeting.

Section 2. Dues are payable by \_\_\_\_\_ of each year.

### **Chapter V. Termination of Membership**

Each of the following grounds for immediate termination of membership:

- a) failure to maintain Active or Life membership in the American Association of Endodontists.
- b) Failure to pay dues.
- c) Resignation.

### **Chapter VI. Amendments**

The Bylaws may be amended at any annual meeting by action of 2/3rds of the active members present and voting.



## Affiliate and District Email Worksheet

### AAE AFFILIATE/DISTRICT EMAIL POLICY

Affiliates and Districts are offered the option to send mass emails to their constituents through the AAE Headquarters office for purposes that are currently allowed for use of AAE mailing labels at no fee. Should the Affiliate or District desire to send a mass email to all members for these same purposes, they may also do this through the headquarters office **once per year**. District mass emails must be approved by both Directors.

### PROCESS

Affiliate and district emails are managed by the Membership Department. Upon receipt of the request form, the Membership Department will manage the creation and distribution of the email, with input from the requestor.

**Affiliate mass emails** must be approved by an affiliate officer and reviewed by staff for accuracy and consistency with AAE policy. Affiliate emails will be sent to members from *affiliates@aae.org* using the affiliate's masthead. Unless otherwise indicated, the message will be sent to members from the affiliate's state only.

**District mass emails** must be approved by both district directors and reviewed by staff for accuracy and consistency with AAE policy. If there is a question relating to the content of the communication that cannot be resolved by the two directors and staff, it must be voted on by the full Board. District emails will be sent to members from *communications@aae.org* using the district's masthead. Unless otherwise indicated, the message will be sent to members of the district only.

### REQUESTING A MASS EMAIL

- Complete the email request form below and submit it to the membership coordinator at *nbasso@aae.org* **at least two weeks** prior to the requested release date.
  - If an affiliate email is not initiated by an affiliate officer, the affiliate president must be copied on the submission.
  - For district emails, both district directors must be copied on the submission.
- Send the email text and any applicable photos or graphics to accompany the message as email attachments.
  - Text must be provided as a Microsoft Word document.
  - All photos must be clearly labeled as a separate document, and you must have the right to use any images you include. Please do not send images that have been pulled from the Internet without permission. Photos must be in either a jpeg or tiff format only.
- You will receive a test email from the membership coordinator for your review/approval. Upon approval, the email will be scheduled for distribution.



*Affiliate and District Email Worksheet*

**REQUEST FORM**

|  |  |
|--|--|
| <i>Date submitted</i>  |  |
| <i>Requesting member's name</i>  |  |
| <i>Name/email address of contact to receive/approve test email</i>   |  |
| <i>Target send date</i>  |  |
| <i>Desired subject line</i>  |  |
| <i>AAE members to receive email – please specify which state(s)/district(s) and if any member types should be excluded</i> |  |
| <i>Text for email message – please list file name and include your text as an attachment</i>                               |  |
| <i>Are you including images with your email? If yes, specify file names.</i>   |  |
| <i>Additional instructions</i>   |  |