

American Academy of Implant Dentistry

Officer Candidate Disclosure and Conflict of Interest Statement

All officer candidates must complete this form and submit it to the Chairman of the Nominating Committee in a timely manner. You may list your responses on this form or you may provide your responses on a separate sheet of paper. The chairman will review the information provided and may ask the candidate for clarifying information as necessary. If otherwise eligible for office pursuant to the Bylaws, copies of the completed form and any supplemental information attached thereto will be made available to voting members prior to the election.

I. Candidate Identification

Name Mario A. Silvestri DDS
Address 737 Valley View DR
City/State/Zip Endwell, NY 13760

II. Professional Education

Graduate Area/Degree(s) DDS
Dental Institution/Degree SUNY - BUFFALO

III. Dental Practice

List the locations where you have practiced dentistry during the past ten years, beginning with the current practice.

Date 10 YEARS Address 501 PLAZA DR VESTAL, NY 13850

IV. Hospital and Teaching Affiliations

Date CURRENT Institution Englewood Title HOSPITAL
GENERAL PRACTICE RESIDENCY

V. Licensure

a. List the countries, states or territories in which you are licensed to practice dentistry.

Location NY S License Number 042794
NY 22 D101727800

b. Have you ever had a license to practice dentistry revoked or suspended?
Yes _____ No
If yes, provide an explanation and indicate the disposition of the event(s).

c. Is any disciplinary action pending with respect to your dental license?
Yes _____ No
If yes, provide an explanation.

VI. Achievements in Leadership Positions

a. Indicate contributions you have made to the Academy. Include committee, board and officer positions either at the national or district level.

TREASURER
SECRETARY
BOARD OF TRUSTEES
CHAIR FINANCE, LEASE TASK FORCE

b. Describe contributions and achievements made to other civic, membership or charitable organizations.

ADA COMMITTEES
BOYS BOT

VII. Implant Organization Affiliation(s)

List any implant organizations in which you currently hold membership and identify officer positions that you currently hold.

Organization	Position	Date
AAID		
ABOI		
Director	Nashville	Marilouise
_____	_____	_____
_____	_____	_____

VIII. Commercial Affiliation(s)

- a. Describe any proprietary, financial or other personal interest you or any member of your immediate family have in any company that provides services or products or is seeking to provide services or products to the field of implant dentistry.

Director Nashville Max Course

- b. Are you, or do you anticipate becoming within the next 12 months, a consultant, employee or agent of a provider of services or products to the field of implant dentistry?
 Yes ___ No If yes, provide an explanation.

VIX. Declaration

I certify that the information in this Disclosure Statement is true and correct in all material respects and authorize Academy representatives to make general inquiries as necessary to verify or clarify the information. In addition, I understand that in order for this Disclosure and Conflict of Interest Statement to be effective, I have a continuing responsibility to promptly disclose any new information covered by this Statement.

[Handwritten Signature]
 Signature

11/11/25
 Date