

Conference Registration

Florida Society of Oral and Maxillofacial Surgeons/Summer Meeting: July 23-25, 2010
The Breakers Hotel & Resort, Palm Beach, Florida

To register for the 2010 Summer Meeting, please complete the registration form below.

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Registration fee includes: Scientific Sessions, Breakfasts, Breaks, Exhibits, Friday Welcome Reception and Saturday Night 50th Celebration Reception and Dinner for all meeting registrants. There is an additional fee for guests to attend the functions.

Doctor

Name: _____ Degree: _____ Badge Name: _____
First Last

Dental License for CE Broker: _____

Spouse/Guest/Child (only complete if they are attending) Please Check One: Spouse Guest

Name: _____ Degree: _____ Badge Name: _____
First Last

Child: _____ Child: _____
First Last First Last

REGISTRATION FEES:

- Friday ACLS Course only:
(includes the mandatory AHA text, prep packet and pre tests) \$125 \$ _____
- Optional:** Complete the rest of the CPR Skills (child and infant)
and receive CPR renewal as well \$30.00 \$30 \$ _____

Seminar Saturday – Sunday

- Member \$395 \$ _____
- Non-Member \$495 \$ _____
- Retired \$295 \$ _____
- Spouse/Guest/Children 16+ - Friday reception & Saturday Reception/ Dinner \$175 x _____ \$ _____
- Total \$ _____

PAYMENT INFORMATION:

Please fax the completed form to our office with your payment information or mail the original form with your check to the FSOMS administrative office.

Check Enclosed Visa MC Amex

Card: _____ Exp Date: _____ Security Code: _____
Visa/MC on back, Amex on front _____

Card Name: _____ Signature: _____

Florida Society of Oral and Maxillofacial Surgeons
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