

Conference Registration

Florida Society of Oral and Maxillofacial Surgeons/Summer Meeting: July 24-26, 2009
The Breakers Hotel & Resort, Palm Beach, Florida

To register for the 2009 summer meeting, please complete the registration form below.

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Registration fee (Friday – Sunday) includes: Seminars, breakfasts, breaks and exhibits, Friday opening reception.

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: \$125.00 per person
(includes the mandatory AHA text, prep packet and pre tests) \$ _____
- Optional:** Complete the rest of the CPR Skills (child and infant)
and receive CPR renewal as well \$30.00 \$ _____

Seminar Saturday – Sunday

- | | | |
|--|--------------|----------|
| <input type="checkbox"/> Member | \$395 | \$ _____ |
| <input type="checkbox"/> Non-Member | \$495 | \$ _____ |
| <input type="checkbox"/> Retired | \$295 | \$ _____ |
| <input type="checkbox"/> Spouse/Guest - Friday reception only \$50 | \$50 | \$ _____ |
| <input type="checkbox"/> Child - Friday reception only \$50 | \$50 x _____ | _____ |

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: _____

OMS Fee: \$ _____ Spouse/Guest/Child: \$ _____ Total \$ _____

Florida Society of Oral and Maxillofacial Surgeons
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