Prices go up by $50 on April 15th!

WESTERN SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS

!!! ANNUAL MEETING REGISTRATION !!!

The Montage Resort in Deer Valley, Park City, Utah July 3-6, 2017

Please print or type the following:

Doctor's Name:_____ Spouse/Guest Name:_____

Office Address:_____ City:_____ State: WA Zip:_____

Children's Names (if attending):_____

Staff Names (if attending):_____

REGISTRATION

The Registration Fee includes the President's Cocktail Reception, Exhibitor's Cocktail Reception, Continental Breakfasts, Breaks, and one (1) Western Barbecue ticket. Additional barbecue tickets may be purchased below.

WSOMS Member	*(On 4/15: $595)*	0 @ $545.00 = $	0.00
WSOMS Retired Member	*(On 4/15: $350)*	0 @ $300.00 = $	0.00
Non Member OMS (Practicing/residing in District VI)	*(On 4/15: $795)*	0 @ $745.00 = $	0.00
Non Member OMS (Practicing/residing outsite of District VI	*(On 4/15: $595)*	0 @ $545.00 = $	0.00
Non OMS	*(On 4/15: $975)*	0 @ $925.00 = $	0.00
OMS Staff	*(On 4/15: $250)*	0 @ $200.00 = $	0.00
OMS Resident		0 @ no chg. = $	0

ACTIVITIES: Please fill in ALL the boxes, if not attending enter -0-

Date	Event		# Attending	Price per person	Total Due
7/03 Friday	President's Reception (Spouse/guest, family, registered staff included)	6:30-8:00 PM	0	No Charge	-0-
7/05 Sunday	Exhibitor's Reception (All included)	6:00-7:00 PM	0	No Charge	-0-
7/05 Sunday	Western Barbecue	7:30-9:30 PM			
	Registered OMS, Registered Staff		0	No Charge	-0-
	Spouse/Guest, Friends		0	$110.00 PP	$ 0.00
	Kids (5-12)		0	$30.00 PP	$ 0.00
	(under 5)		0	No Charge	-0-
	Western attire recommended! (everyone included) Passing of the Gavel				

You will receive a confirmation by email. If you don't, please call the office.

Activities Total: $ 0.00 **Registration Fee: $** 0.00 **Total Enclosed: $** 0.00

Method of Payment: ◯ **Check (Payable to WSOMS)** ◯ **Visa** ◯ **MasterCard**

Card Number:_____ **Exp. Date**_____ **3 digit Security # on Back**_____

Name on Card:_____ **Address**_____

Signature:_____

Please print and mail or fax completed form to:

WSOMS Annual Meeting

Attn: Dr. Chuck Walter

1737 Edgewater Lane, Bellingham, WA 98226

Phone: 360-389-5221; Fax: 360-392-8377; Email: info@wsoms.org

www.wsoms.org

To submit online, the form must be opened in Adobe Reader or Adobe Acrobat.

Submit Registration | Clear Form | Print