

## REGISTRATION

### Three Ways to Register: By Phone • By Mail • By Fax

To register call Michele Holmes at **504.941.8211**. You can also go to **JKOMSF.com** to print out a paper registration form, complete it by hand, and mail it to:  
LSU School of Dentistry, 1100 Florida Ave., Box 220, New Orleans, LA 70119, Attention: Michele, or fax your registration form to **504.941.8197**.  
Questions? Call or email Michele Holmes at **504-941-8211** or **mjaco2@lsuhsc.edu**.

### Register by October 4, 2019

Early Bird price is listed below in **bold**. Early Bird price applies to phone, mail, fax, or online registrations received through **October 4, 2019**. The price of the course includes: CDE and/or CME credit; **digital course handout materials**, continental breakfast and lunch each day.

Please duplicate this form as needed for additional registrants. Please check appropriate boxes below.

Name \_\_\_\_\_

DDS    DMD    MD    Resident\*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

I am taking the Course(s) for  ABOMS Oral Exam    ABOMS Written Exam    Review/Update

I wish to volunteer for an oral examination by a speaker on the following topics: medicine, anesthesia, dental implant, dentoalveolar, cosmetic, orthognathic, TMJ, infection, clefts, path and recon.  
(Please circle choices)

I would like to register for the following: (Please check appropriate box.)

#### OMS Review Course

**Monday, November 4, 2019 -  
Friday, November 8, 2019**

#### Early Bird Registration

(by 10/4/19)

#### Late Registration

(after 10/4/19)

Ask about our special 20% discount for military officers and past attendees.

**\$ 1,845** Practitioner

\$1,995 Practitioner

**\$ 1,245\*** Resident

\$ 1,395\* Resident

**Printed Handout Materials (6 Book Set)**  **\$ 350**

**5 Day Course on Flash Drive - No Charge**

**TOTAL PAYMENT:** \_\_\_\_\_

Method of Payment: (Check box below)

Check payable to JKOMS Foundation    Visa    MasterCard    Discover    AMEX

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Card Billing Address and Zip (if different than above) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Resident registration must be accompanied by a letter from your program director.*

In compliance with the Americans with Disabilities Act, if special accommodations are needed, please notify Michele at **504.941-8211** no later than October 1, 2019