

# REGISTRATION

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

visit [www.JKOMSF.com](http://www.JKOMSF.com) to register and pay for the course, Click on OMS Review Course Tab and complete registration. \*If you are a resident make sure to email a letter from your Program Director to [mjaco2@lsuhsc.edu](mailto:mjaco2@lsuhsc.edu) to receive the resident rate. You can also register by printing out a paper registration form, complete it, and either mail it to: LSU School of Dentistry, 1100 Florida Ave., Box 18, New Orleans, LA 70119, Attention: Michele, or fax your registration form to **504.941.8197**. If you prefer to register by phone or have questions, please call or email Michele Holmes at **504-941-8211** or [mjaco2@lsuhsc.edu](mailto:mjaco2@lsuhsc.edu).

## Register by May 3, 2021

Please note that Early Bird price is listed below in **bold** and is valid if registration is received by May 3, 2021. The registration cost includes: **CDE and/or CME credits based on attendance; 5-day digital course handout materials, continental breakfast and lunch each day.**

Name \_\_\_\_\_

DDS    DMD    MD    Resident\*

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

I am taking the Course(s) for:

ABOMS Certifying Exam    ABOMS Written Qualifying Exam    Review/Update

Please circle choices below:

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 underline your choices.

*I would like to register as: (Please check appropriate box)*

### OMS Review Course

Sunday, May 30, 2021 -  
Thursday, June 3, 2021

**Early Bird Registration**  
(by 5/3/21)

**Late Registration**  
(after 5/3/21)

**\$ 1,995** Practitioner    \$2,195 Practitioner  
 **\$ 1,395\*** Resident    \$ 1,495\* Resident

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

### REGISTRATION ADD-ONS

**Printed Handout Materials (5-Book Set) @ \$ 350**

**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 \_\_\_\_\_

Please duplicate this form as needed for additional registrants

In Compliance with the Americans with Disabilities Act, if special accommodations are needed, Please notify Michele at **504.941.8211** no later than May 3, 2021.