

## 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 [mholmes.jkomsf@gmail.com](mailto:mholmes.jkomsf@gmail.com) 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 [mholmes.jkomsf@gmail.com](mailto:mholmes.jkomsf@gmail.com).

### Register by October 12, 2021 for Early Bird Rate

Please note that Early Bird price is listed below in **bold** and is valid if registration is received by October 12, 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**  
Tuesday, November 2, 2021 -  
Saturday, November 6, 2021

**Early Bird Registration**  
(by 10/12/21)

**Late Registration**  
(after 10/12/21)

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

**\$ 2,195** Practitioner    **\$2,295** Practitioner  
 **\$ 1,595\*** Resident    **\$ 1,695\*** Resident

### REGISTRATION ADD-ONS

**Printed Handout Materials (5-Book Set) @ \$ 375**

**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 October 2, 2021.