

Registration

NAME: _____

(PLEASE PRINT)	First	Last	Degree	First Name for Badge
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SPOUSE/GUEST: _____

(PLEASE PRINT)	First	Last	Degree	First Name for Badge
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Please check here if spouse/guest is a dentist or physician who plans to attend the scientific program and, therefore, will need a CE certificate prepared for them.

WORK ADDRESS: _____

_____ street	_____ suite
_____ city	_____ state
_____	_____ zip

TELEPHONE: (____) _____ FAX: (____) _____ EMAIL: _____

ANNUAL MEETING REGISTRATION FEE

**Registration fee includes: Scientific programs, breakfasts, breaks and exhibits (Thursday – Saturday)
Wednesday Reception and Saturday Reception and Banquet**

MEMBER	\$495	\$ _____
MEMBER LAPEL PIN	\$40	\$ _____
NON-MEMBER	\$595	\$ _____
CANDIDATE (application process complete – to be interviewed)	\$495	\$ _____
CANDIDATE (application process not complete – must be sponsored by a member)	\$495	\$ _____
Sponsored by: _____ (SSOMS Member)		
RETIRED MEMBER (Must be fully retired to receive this benefit. No longer in practice)	\$395	\$ _____
SPOUSE/GUEST (Spouse is required to pay this registration fee)	\$295	\$ _____
Total		\$ _____

INDIVIDUAL TICKETS

Wednesday Reception (including children) Name(s) _____	\$50	x _____ = \$ _____
Saturday Banquet (including children) Name(s) _____	\$100	x _____ = \$ _____
*Spouses are required to pay the above registration fees of \$295	Total	\$ _____

DAILY TOURS

Thursday, April 15	Friday, April 16
Carriage Tour _____ x \$25 = \$ _____	4 Corners Walking Tour _____ x \$35 = \$ _____

Day tours are per person. Children pay the same price unless indicated.

ACTIVITIES

Golf Tournament on Friday, April 16

Name: _____ Handicap: _____ x \$200 = \$ _____

Name: _____ Handicap: _____ Clubs _____ x \$75 = \$ _____

Yes, I need to rent clubs _____ R _____ L _____ Male _____ Female _____

If possible, I would like to play with _____ **Golf** \$ _____

Fun Run on Saturday, April 17

Name: _____ Name: _____ x \$40 = \$ _____

Fun Run \$ _____

PAYMENT OPTIONS: Check Visa MC Amex

Card Number: _____ REGISTRATION FEES: \$ _____

Expiration Date: _____ Security Code: _____ INDIVIDUAL TICKETS: \$ _____

DAILY TOURS: \$ _____

TRANSPORTATION: \$ _____

TOTAL ENCLOSED \$ _____