

Conference Registration

SSOMS 63rd ANNUAL MEETING • May 2-6, 2012

NAME: _____
(PLEASE PRINT) First Last Degree First Name for Badge

SPOUSE/GUEST: _____
(PLEASE PRINT) First Last Degree First Name for Badge
 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 • Saturday Reception and Banquet

MEMBER	\$595	\$ _____
MEMBER LAPEL PIN	\$40	\$ _____
NON-MEMBER	\$695	\$ _____
CANDIDATE (application process complete – to be interviewed)	\$595	\$ _____
CANDIDATE (application process not complete – must be sponsored by a member)	\$595	\$ _____
Sponsored by: _____ (SSOMS Member)		
RETIRED MEMBER (Must be fully retired to receive this benefit. No longer in practice)	\$495	\$ _____
SPOUSE/GUEST (Spouse is required to pay this registration fee)	\$325	\$ _____
	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 \$325
Total \$ _____

DAILY TOURS

Thursday, May 3
St. Augustine _____ x \$75 = \$ _____
Names _____

Friday, May 4
Shrimp Festival transportation _____ x \$30 = \$ _____
Names _____

Saturday, May 5
Guana State Preserve Eco-Tour _____ x \$115 = \$ _____
Choose two activities per person.
Name 1 _____ Kayak _____ Hike _____ Bike _____
Name 1 _____ Kayak _____ Hike _____ Bike _____
Name 1 _____ Kayak _____ Hike _____ Bike _____
Name 1 _____ Kayak _____ Hike _____ Bike _____
Total \$ _____

GOLF, TENNIS AND FUN RUN

Thursday, May 3
Tennis _____ x \$40 = \$ _____
Names _____

Friday, May 4
Golf on the Ocean Course _____ x \$200 = \$ _____
Names _____
Play With: _____

Saturday, May 5
Fun Run _____ x \$30 = \$ _____
Names _____
Total \$ _____

Saturday, May 5
Past President's Breakfast
 Attending
 Not Attending

REGISTRATION FEES \$ _____
INDIVIDUAL TICKETS \$ _____
DAILY TOURS \$ _____
ACTIVITIES \$ _____
TOTAL ENCLOSED \$ _____

PAYMENT OPTIONS: Check enclosed Visa MasterCard American Express
Card Number: _____ Expiration Date: _____ Security Code: _____
Name on card: _____
Visa/MC on back, Amex on front

Mail or fax your form to: SSOMS Administrative Office, 4850 Golden Parkway, Suite B-417, Buford, GA 30518
Phone: 770.271.4483 FAX: 770.271.0634

SSOMS

Future Meetings



2013

64th Annual Meeting

April 24-29, 2013

*The Fairmont Southampton
Bermuda*



2014

65th Annual Meeting

April 30-May 4, 2014

*Rancho Bernardo Inn
San Diego, CA*



2015

66th Annual Meeting

April 29-May 3, 2015

*The Breakers
West Palm Beach, FL*