## **Clinical Trials Methods Course Registration Form**

Online registration available at AAOMS.org/ClinicalTrials

## Feb. 27 – March 1, 2025

## Daniel M. Laskin Institute for OMS Education and Innovation | Rosemont, Ill.

Please print or type. A separate registration form must be completed for each attendee.

Registrant First Name	Middle Initial	Last Name		Degrees	Nickname
AAOMS Member ID Number					
Address			City	State	ZIP Code
Phone		Fax	Email (A unique email address is required for each registrant.)		
Registrant: check proper c	ategory. All fee	s are listed in U.S. dol	lars.		
AAOMS fellow/me	ember \$400				
AAOMS resident i	member \$200				
Attendees will participate	in one of four l	oreakout sessions. P	lease rank 1 through 4 in order	of preference:	
Implants/Dentoa	alveolar /Anesth	esia			
TMD/Facial Pain					
Pathology/Recor	nstruction				
Craniofacial Trau	ma/Orthognath	ic/Facial Deformities	/Cosmetics		
Payment Information					
□ Check made payable to A	AOMS enclosed	Credit Card: 🛛	American Express 🛛 Discover	□ MasterCard □ \	/isa
Credit Card Number			Security Code	Expira	tion Date
Name of Cardholder			Signature		
Credit Card Billing Address					
City			State	ZIP Co	de
Return your registration fo	orm with paym	ent in U.S. dollars as	follows:		
<ul> <li>Completed credit card inf AAOMS, Attn: Registratior</li> </ul>					
<ul> <li>If paying by credit card, su</li> </ul>	ubmit by secure	fax to AAOMS at 847	-678-6279.		
-			email confirmation of your registratio onfirmation of your course registration		ved and accepted by AAOI

## **Cancellation Policy**

Cancellations must be made in writing and faxed to AAOMS at 847-678-6279. A \$75 cancelation fee will be applied if a written cancellation is received by Jan. 28. The entire registration fee will be forfeited if a written cancellation is received after Jan. 28.

