## **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<br/>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<br>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.

