

REGISTRATION

Ways to Register:

Website visit <https://jkomsf.org> or use the QR code to the right.

E-Mail courses@jkomsf.org

Contact Michele Holmes at 833.355.6673 or 833.3JKOMSF



Register
Online

Mail Print this paper registration form, complete it, and mail to:

JKOMSF • Attn: Michele • P.O. Box 792807 • New Orleans, LA 70179

Register by October 1, 2024 for Early Bird Discount Tuition

Tuition fee includes both CDE and/or CME credits, continental breakfast, and lunch each day. **At the conclusion of the course, all attendees will be provided access to a password protected page at jkomsf.org, where they can download all study materials provided by our faculty.**

Name _____

DDS DMD MD Resident/Fellow* Military Officer*

*Residents, Fellows, and Military may be asked to provide confirmation of current affiliation.

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email _____

OMS Review Course • Friday, November 1, 2024 thru Wednesday, November 6, 2024

Please check appropriate box below:

Early Bird Registration (by 10/1/24)

Late Registration (after 10/1/24)

\$2,000 Practitioner

\$2,500 Practitioner

\$1,600* Resident / Fellow

\$2,000* Resident / Fellow

\$1,600* Active Military

\$2,000* Active Military

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) _____

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 Holmes, as above, no later than October 1, 2024.

CANCELLATION & REFUND POLICY: Jack Kent Oral and Maxillofacial Surgery Foundation reserves the right to cancel this conference should circumstances warrant such action, and your tuition will be refunded. If you must cancel your registration for this conference, the Foundation will refund your tuition, minus an administrative fee of 10% if written notification of your withdrawal is received by the Foundation at least 15 working days prior to the start of the conference and 15% if cancellation is later. There is no refund once the course has started. Notification of withdrawal received after the conference begins will result in forfeiture of your entire tuition. **NONREFUNDABLE AIRLINE TICKET, FLIGHT CHANGE, OR HOTEL RESERVATION:** The Jack Kent Oral and Maxillofacial Surgery Foundation and Cosponsors cannot be held responsible for the cost of a nonrefundable airline ticket, flight change, or hotel reservation in the event this conference is canceled or rescheduled. **EQUALITY OF EDUCATIONAL OPPORTUNITY:** The Jack Kent Oral and Maxillofacial Surgery Foundation and Cosponsors are committed to equality of educational opportunity and do not discriminate against applicants, students, or employees based on race, color, national origin, religion, sex, age, or disability.

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