

Registration: Advancing Your Anesthesia Skills Robert C. Bosack, DDS • October, 19, 2024

Hyatt Lodge Hotel (conference center across the pond) 2815 Jorie Blvd. • Oak Brook IL 60523

Attendee Information: Name _____ Title _____ Phone _____ Email _____ Email address for CE certificate **Program Fee:** Non- member: \$550 □ Member: \$450 □ Exhibitor: \$600 Credit Card or Checks accepted - mail check to: ISOMS, PO BOX 752 Geneva, IL 60134 Deadline: October 15. (A \$15 fee will be withheld from refunds for cancellations.) Credit Card Information: (please provide email address for receipt) Cardholder Billing address Card number _____ CVV ____ Exp. date _____ Phone _____ Email _____ PLEASE copy this registration form and send one sheet per person if more than one is attending from a practice. Thank you!

Submit your registration by: email- IllinoisOMS@gmail.com or efax- 847-574-0445

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