The Western Society of Oral and Maxillofacial Surgeons

42ND ANNUAL MEETING

JULY 18–20, 2015
THE BENSON HOTEL
PORTLAND, OREGON
Portland is Happening Now

Explore all Portland has to offer from one of the city's most treasured historic landmarks. Founded in 1913, The Benson has served as a home away from home for U.S. Presidents and CEOs. Come see why The Oregonian voted The Benson the Best Portland Hotel in 2012. Its superb location puts you within walking distance to all of the shopping, dining, and entertainment of the Pearl District, Pioneer Square, and downtown. Find out why Portland is happening now.

For more information - including a full schedule of events, or to register for the 42nd Annual Meeting of The Western Society of Oral and Maxillofacial Surgeons, please visit www.wsoms.org.

18 CE credits will be provided by the WSOMS for full course participation.
As the President of the Western Society of Oral and Maxillofacial Surgeons, it is my pleasure to invite you to attend the 42nd Annual Meeting of The Western Society of Oral and Maxillofacial Surgeons in collaboration with Osteo Science Foundation and the Oregon Society of Oral and Maxillofacial Surgeons.

We have planned a truly unique event in beautiful Portland, Oregon – one I know you will not want to miss.

In keeping with the traditional 3-day format, we have made some exciting changes this year that reflect the commitment of our members to science and education. We are very pleased to be collaborating this year with the Oregon Society of Oral and Maxillofacial Surgeons and Osteo Science Foundation.

On Saturday, Osteo Science Foundation will be presenting a day of topics related to ground-breaking research in regenerative medicine. The speakers for this inaugural educational symposium include the members of the Foundation’s Scientific Review Committee, who will be presenting their own research. The speakers for Saturday’s program are supported by Biohorizons, Geistlich Biomaterials, Hu-Friedy, KLS Martin and Osstell.

On Sunday, Nobel Biocare will be sponsoring a day of lectures by Edmond H. Bedrossian, DDS, FACD, Peter Moy, DMD and Peter S. Wöhrle, DMD on topics related to dental implants. Monday will feature an important presentation on fraud by renowned expert Donald P. Lewis, Jr., DDS, CFE. Dr. Lewis’s talk is supported by OMS Vision.

As you can see, this is a program not to miss. We very much hope to see you in Portland!

Warmly,

Jay P. Malmquist, DMD
President, Western Society of Oral and Maxillofacial Surgeons
Chairman, Osteo Science Foundation
Secondary Reconstruction of the Cleft Pre-Maxilla: Controversies and Current Trends

The need for definitive alveolar reconstruction is a necessary component of staged management of the cleft lip and palate deformity. Over the years, multiple techniques, graft sources, and timing sequences have been advocated. This discussion will provide an overview of the current trends as well as controversies surrounding the reconstruction of the commonly seen cleft deformities.

Early retrospective data will be presented comparing secondary alveolar cleft reconstruction using bone morphogenic protein (BMP) alone and in combination with autologous cancellous bone from the ilium. Other novel techniques, including using xenografts, will be discussed. Both quantitative and qualitative indices will be utilized to assess the reconstruction.

The preliminary data suggests that BMP alone and BMP combined with autologous bone will reliably reconstruct the maxillary cleft defect. Our preferred technique for the intraoperative management of these defects will be discussed in detail.

Ghali E. Ghali, DDS, MD, FACS

Dr. Ghali is Professor and Chairman of the Department of Oral and Maxillofacial Surgery at LSU Health Shreveport Health Sciences Center, where he holds the Jack W. Gamble Chair in Oral and Maxillofacial Surgery and is Director of the Cleft and Craniofacial Surgery Fellowship Program. He is also the senior partner in WK/University Oral and Maxillofacial Surgery at Willis-Knighton South. Dr. Ghali’s area of specialty is pediatric patients that have craniofacial deformities in their face and skull and cleft lip and palate deformities.
Insufficient keratinized gingiva is a frequently occurring clinical soft tissue grafting indication. Treatment options include autografts or xenogeneic or allogeneic materials, each of which has advantages and disadvantages. Principally the graft should prevent contraction and eliminate the need for surgery involving a secondary autogenous donor site. Collagen membranes have found wide utility in providing soft tissue coverage over extraction sites and bone grafts. The development of a bilayer porcine collagen matrix has advantages over other soft tissue graft options, including its efficacious use for both oral interstitial and onlay soft tissue wound healing. The purpose of this talk is to discuss the clinical indications and desirability of using this porcine collagen matrix as an alternative for soft tissue autografts.

Alan S. Herford, DDS, MD

Alan S. Herford, DDS, MD, is the Chairman and Program Director of the Department of Oral and Maxillofacial Surgery residency program at Loma Linda University School of Dentistry. In 2008 Dr. Herford was named the Philip Boyne & Peter Geistlich Endowed Professor in OMS, and is one of the founding members on the Osteo Science Foundation’s Board of Directors.

Dr. Herford has multiple publications and has presented his original research at both national and international meetings. He was recently awarded the Laskin Award which is given to the authors of the most outstanding article published in the Journal of Oral and Maxillofacial Surgery for that year. Dr. Herford is the primary author on numerous peer-reviewed scientific publications on topics ranging from reconstructing skin cancer defects to the use of growth factors to rebuild jaw defects. He has recently authored book chapters on treatment of mandibular fractures, facial flaps, and treatment of soft tissue injuries. His clinical interests are reconstructive surgery and maxillofacial trauma.

Osteo Science Foundation

Osteo Science Foundation was established in 2013 by Dr. Peter Geistlich and Geistlich Pharma, a global leader in regenerative medicine for Dental and Oral and Maxillofacial Surgery. With a mission to advance hard and soft tissue regeneration, the Foundation supports high-quality research as well as education that leads to improved outcomes for patients. Osteo Science Foundation is an independent, privately funded 501 (c) (3) non-profit organization.
Orofacial Stem Cells: Tissue Regeneration & Beyond

In the last decade, mesenchymal stem/progenitor cells (MSCs) have been identified from several orofacial tissues with unique self-renewal and multipotent differentiation potentials. Aside from the distinctive regenerative properties, orofacial stem cells are capable of potent immunomodulatory effects on a variety of innate and adaptive immune cells. In this presentation, recent experimental studies on the characterization of a unique population of MSCs derived from human oral mucosa and gingiva, especially their immunomodulatory and anti-inflammatory functions and their application in the treatment of several in vivo models of inflammatory diseases, will be highlighted. The ease of isolation, accessible tissue source, and rapid ex vivo expansion with maintenance of stable stem cell-like phenotypes render oral mucosa and gingiva-derived MSCs a promising alternative cell source for MSC-based therapies.

Anh Le, DDS, PhD

Dr. Le is the Chair and Norman Vine Endowed Professor of Oral Rehabilitation at the School of Dental Medicine at the University of Pennsylvania. Her research focuses on investigating mesenchymal stem cells from adult oral tissues. Together with collaborators, she isolated and characterized adult stem cells from gingival tissue — a discovery she patented while at USC. Studying those stem cells further, Dr. Le and her team proposed a new mechanism by which they might aid in wound healing; they proposed that the stem cells may modify the environment of the wound. This new concept, that stem cells are the conductors rather than the musicians in the orchestra of wound repair, earned Dr. Le and her colleagues NIH funding and a wealth of new avenues of research to explore, all aimed at regenerative floor augmentation, dental implants and immediate implant placement.
Dental and Craniofacial Regeneration by Stem Cells

Dental medicine will be transformed from repair to regeneration. Repair is exemplified by amalgam, composites, gutta percha and titanium dental implants. The new paradigm will be the regeneration of dentin, dental pulp, muscle, mucosa, cartilage, bone, periodontal ligament and other structures by bioengineering approaches. The magnitude of this impact on dental care worldwide will be, over time, greater than amalgam or dental implants. However, a number of critical barriers must be overcome for the translation of scientific discoveries to clinical practice. First, whether transplantation of stem/progenitor cells is a realistic approach for clinical application of some of the dental and craniofacial disorders must be examined. Virtually all craniofacial structures are products of epithelium, mesoderm and neural crest derived mesenchymal cells. Mesenchymal stem/progenitor cells are the offspring of mesenchymal cells during development. Therefore, it seems to be a foregone conclusion to isolate, expand and transplant stem/progenitor cells for the healing of traumatized or diseased dental and craniofacial tissues. Not so fast, perhaps. Cell transplantation is being attempted in large animal models and clinical trials to treat fatal and medically debilitating diseases such as cardiac infarctions, Parkinson’s disease and spinal cord injuries. Most dental and craniofacial disorders are not fatal, but nonetheless, severely compromise a patient’s quality of life.

Jeremy J. Mao, DDS, PhD

Dr. Jeremy Mao is a clinician/scientist, and currently Edwin S. Robinson Professor of Dentistry at Columbia University. Dr. Mao has received multiple national and international awards for his contribution to scientific research. Dr. Mao has published over 200 scientific articles, proceedings, book chapters and books. He has delivered over 360 invited, keynote and plenary lectures worldwide. Dr. Mao has been active in the field of orthopedic research, plastic surgery research and dental/craniofacial research. Dr. Mao’s laboratory has trained dozens of scientists and clinicians that are in academia, industry and government. Dr. Mao’s research group is currently funded by NIH and other grants in the areas of stem cell biology, tissue engineering and wound healing. Dr. Mao serves as a consultant for funding agencies in the United States as well as in China, EU, UK, France, Sweden, Holland, Canada, Singapore, Ireland, Hong Kong, Japan, Korea and other countries.
The Application of Tissue Engineering to Vertical Ridge Reconstruction

The regeneration of vertical ridge deficiency remains a challenge. Ridge relationship, volume, and bone viability are essential for establishing and maintaining osseointegration. Tissue engineering approaches try to recapitulate developmental or natural reparative processes. The maxilla and mandible alveolar ridges benefit from natural space maintenance during development provided by structures such as Meckel’s cartilage or an erupting tooth.

To recreate these conditions in atrophic ridges, one must reestablish space for bone regeneration. This can be accomplished by osteotomies, ridge splitting, tent poles, block graft walls, and mesh. The addition of ridge height and volume also requires specific, well-designed soft tissue flaps that preserve the vascular integrity of the tissue. Following site development, the graft must in principle follow a tissue engineering triad approach involving mesenchymal stem cells growth and differentiation factors and internal construct. Typically this includes rhBMP2/ACS Infuse (Medtronic), bone particulate, and in more challenging areas, the addition of a Bone Marrow Aspirate Concentrate for the addition of Mesenchymal stem cells (Harvest Technologies).

This presentation will deliver examples of various flap techniques together with space maintenance methods, and the use of Tissue Engineering Grafts to reconstruct vertical ridge deficiency.

Daniel Spagnoli, DDS, PhD

Dr. Spagnoli is the author of over 30 articles and book chapters. He most recently served as the Chair of the OMS program at LSU - New Orleans. He has also served as section editor of the Cleft Palate-Craniofacial Journal and AAOMFS Knowledge Update. In 2005 and 2006, he co-authored two award-winning papers published in the Journal of Periodontology and the Journal of Oral and Maxillofacial Surgery. His most recent article, “Dental Implants and the Use of rhBMP-2,” which appeared in the May 2011 issue of Oral and Maxillofacial Surgery Clinics of North America, was reprinted in Dental Clinics of North America that same year. His research, numerous lectures, and continuing education courses are focused on temporomandibular joint disorders and surgery, tissue engineering, and preprosthetic surgery.
What is the State of the Art in Tissue Engineering for Reconstruction in the Maxillofacial Complex

In the past few years, extraordinary advances have been made in Tissue Engineering and, specifically, Stem Cell Research. Scientists are striving to develop methods of rebuilding or replacing damaged or missing tissues through the identification, isolation, and manipulation of stem cells. Stem cells have been identified in dental tissues such as pulps, periodontal ligament, alveolar bone marrow, and hemopoietic bone marrow. Stem cells can be expanded, embedded in tissue engineered scaffold and transplanted back into a craniofacial defect created by congenital anomalies, trauma and disease in order to regenerate bone and tooth structure. Currently reconstruction of maxillofacial defects include autogenous bone and alloplastic materials. Transplantation of a bone marrow stromal cell population that contains stem cells may provide an alternative to current clinical methodologies and circumvent many of the limitations of autografts and allografts. Tissue engineering might solve the problem of craniofacial regeneration. Tissue engineering is defined as the science of designing and manufacturing new tissue to replace tissues that are lost or damaged by disease, trauma or genetics. The key elements of tissue engineering are: a signal for morphogenesis, stem cells for responding to morphogenesis, and a scaffold of extra cellular matrix. This presentation will discuss the clinical evidence of stem cell application for the maxillofacial region.

R. Gilbert Triplett, DDS, PhD

Dr. Triplett, who is the Chairman of Osteo Science Foundation’s Scientific Review Committee as well as Vice-Chair at Texas A&M/Baylor, is the assistant editor of the only textbook ever written on the topic of war injuries to the head and neck region. He was recruited by the University of Texas Health Science Center at San Antonio to join their Faculty in 1984. In 1991, he was named Chairman of the Baylor College of Dentistry Department of Oral and Maxillofacial Surgery, which subsequently merged with the Department of Pharmacology. Dr. Triplett’s areas of research interest are in the areas of bone physiology, hyperbaric oxygen therapy, head and neck infection, maxillofacial trauma, dental implants, guided tissue regeneration, and microneurosurgery. He currently has two funded grants to address sinus floor augmentation, dental implants and immediate implant placement.
Space Maintenance and Tissue Engineered Pre-vascularized Bone and Soft Tissue Flaps

A composite maxillofacial defect involving loss of both hard and soft tissue constitutes one of the most challenging reconstructive problems. Current treatment techniques are associated with significant donor site morbidity and multiple revisional procedures to achieve greater functional and esthetic results.

For the last six years, our research team has focused on the development of products and technology to facilitate a staged reconstruction approach for large osseous and soft tissue defects in the craniomaxillofacial region as part of the Armed Forces Institute of Regenerative Medicine (AFIRM) congressionally funded mandate to develop novel techniques for the treatment of catastrophic injuries in the wounded warrior.

Our clinical approach begins with the initial treatment of a patient with a large composite defect. To reduce soft tissue contracture, a porous polymethylmethacrylate (PMMA) -based material is used for osseous space maintenance. This implant is also capable of the controlled release of antibiotic(s) to mitigate against wound infection while soft tissue healing occurs. While conditions in the defect site are optimized, an “in vivo bioreactor” approach allows the fabrication of autologous vascularized bone and soft tissue remote from the site of injury, e.g., thoracic cavity. The regenerated hard tissue is customized to fill the bony defect and this will reduce the number of procedures required to achieve a functional result. The results from our bench and animal studies will be used to illustrate the advances made in this approach to maxillofacial reconstruction.

Mark E. Wong, DDS

Dr. Mark Wong is Professor and Chairman of the Department of Oral and Maxillofacial Surgery at The University of Texas School of Dentistry at Houston, where he also serves as the Director of Residency Training. His clinical and research interests are focused on reconstructive surgery, tissue engineering of bone and the biomechanical characterization and regeneration of the temporomandibular joint. His research is funded by the National Institutes of Health and the Department of Defense. Dr. Wong has served on a number of educational and research committees for the AAOMS. He is a Past President of the American Board of Oral and Maxillofacial Surgery, President-elect of the American Academy of Craniofacial Surgeons, and currently chairs a Steering Committee for the development of an International Board for the Certification of Specialists in Oral and Maxillofacial Surgery.

Geistlich Biomaterials sponsors a cocktail reception from 6:30 - 8:30 pm at the Departure Restaurant in the Nines Hotel. Preregistration is required.
The volumetric loss of bone and soft tissues associated with enlarged maxillary sinuses and reduced alveolar ridges pose unique surgical and restorative treatment challenges. The presence of remaining compromised dentition may further affect outcome. The successful fabrication and delivery of fixed implant supported prosthesis for this group of patients is dependent upon a systematic interplay between the surgical and prosthetic treatment planning objectives.

In the totally edentulous patient, a paradigm shift has taken place as the graftless surgical approach has gained credibility. In order to execute this treatment concept, an algorithm for treatment as well as the management of complications must exist.

This presentation shares the different surgical treatment plans available for the delivery of the “graftless-immediate load concept”. The management of intra-operative as well as post operative complications using the “Zygoma Concept” is also presented.

**Edmond H. Bedrossian, DDS, FACD**

In addition to his private practice, Dr. Bedrossian is the Director of the Surgical Implant training program at the Alameda Medical Center. He also is the Director of the Post-Doctoral Implant Training Program at the University of the Pacific School of Dentistry. He has lectured internationally with Professor Brånemark on various topics, specially the rehabilitation of patients with maxillofacial defects.

Dr. Bedrossian is a Diplomate of the American Board of Oral and Maxillofacial Surgeons and a Fellow of the American College of Oral and Maxillofacial Surgeons. Dr. Bedrossian is on the Editorial Board of The International Journal of Oral and Maxillofacial Implants, The Journal of California Dental Association, as well as Clinical Implant Dentistry and Related Research.
The Role an Oral and Maxillofacial Surgeon ....Must Play in Implant Dentistry

Current advancements in surgical techniques, biomaterials and improved CAD-CAM technologies in Implant Dentistry have significantly enhanced the clinician’s ability to provide quality care at a higher level and improved predictability with implant therapy. With the clinical advancements and better predictability for implant treatment, there is a concomitant emphasis on “single-provider” delivery of implant treatment. These improvements have de-emphasized the role that an Oral and Maxillofacial Surgeon plays as a member of the Implant Team. To return to playing a major role, the OMS must understand and have full command of hard and soft tissue management, and even more so, knowledge of how the surgical techniques help to meet the prosthetic demands. The surgeon must understand the surgical as well as prosthetic principles and necessity to follow the appropriate protocols to obtain long-term success for their implant patients if we are to maintain the leadership role in Implant Dentistry. This presentation will place emphasis on the advancements that have occurred in this field and how modern technologies help the OMS maintain the lead role in Implant Dentistry.

Peter K. Moy, DMD

Dr. Moy’s Oral and Maxillofacial Surgery practice focuses on surgical aspects of Implant Dentistry and reconstruction of the severely atrophic alveolar ridge. A Professor in the Department of Oral and Maxillofacial Surgery at UCLA, he is also Director of Surgical Implant Dentistry, as well as the Straumann Surgical Dental Center and Nobel Biocare Surgical Fellow Program. He is an associate editor for the International Journal of Oral and Maxillofacial Implants and reviewing editor for International Journal of Oral and Maxillofacial Surgery, Clinical Implant Dentistry and Related Research and Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology and Endodontology. He has written numerous articles and book chapters on surgical augmentation procedures, management of medically compromised implant patients, indications for use of rhBMP-2 for maxillary sinus augmentation and immediate loading of dental implants. He has lectured extensively nationally and internationally, and is the first recipient of the Nobel Biocare Endowed Chair, Surgical Implant Dentistry at UCLA. Among his several professional affiliations, Dr. Moy was a Past President of the Academy of Osseointegration (2010-2011) and is currently Director of the Board of Osteo Science Foundation.
Integrated Workflow in Implant Dentistry: From Diagnosis to Final Prosthetics

As newer treatment concepts such as CT-assisted diagnosis, minimally invasive surgery, guided surgery and immediate restorations advance, the outcome of treatment has become more predictable. These new approaches allow for a significantly reduced treatment complexity, facilitate the overall process and deliver the prosthetic restoration in an expedient and cost-effective manner. Furthermore, these new techniques enhance the patient experience and provide the necessary information for proper evaluation and critical decisions. The health care provider with appropriate diagnostic, prognostic, surgical and restorative skills will be the primary clinician of choice delivering these services, and the company providing all the necessary tools to the clinician within one system will be the partner of the future.

This program highlights diagnostic and treatment planning issues, basic digital data acquisition, and their transformation into surgical tools. Case selection criteria are decisive, and thus will be highlighted. Finally, the altered flow of treatment will be discussed comprehensively. Prosthetic restorations, from single tooth to full arch cases, will be detailed in relationship to emergence profile, type of restorative materials, and case design. Provisionalization as it relates to patient management during the active treatment will be scrutinized, as will immediate loading protocols.

Peter S. Wöhrle, DMD

Dr. Peter Wöhrle received his DMD “cum laude” and Master of Medical Sciences in Oral Biology from Harvard University. Additionally, he completed two advanced education programs (prosthodontics and implant dentistry) at the Harvard School of Dental Medicine, and a four-year certified dental technician program in Switzerland.

While at Harvard, he worked with his mentor, Dr. Paul Schnitman, on the groundbreaking concept of immediate loading with Brånemark implants. Once in private practice, Dr. Wöhrle applied these principles to the concept of immediate tooth replacement in the esthetic zone. More recently, Dr. Wöhrle focuses on implant design and digital workflow in implant dentistry. Furthermore, he developed the 3:1 wide-screen, computer-based presentation format that is used as a standard in continuing education programs globally.

He is a member of the Academy of Osseointegration, the European Academy of Osseointegration, the American Academy of Esthetic Dentistry and the American College of Prosthodontists.

— President’s reception immediately following —
— The Past Presidents dinner will be held following the reception —
Employee Embezzlement in the Oral Surgery Practice: Detection, Prevention and Prosecution

Attacking the Oral and Maxillofacial Surgery office with a variety of different “Scams and Schemes”, white-collar criminals are stealing each and every day! On the average, 6 out of 10 healthcare offices are or will be victims of fraud and embezzlement!

This seminar gives the attendee take-home, proven internal controls to safeguard their assets. This seminar is designed for attendees to empower themselves with enough knowledge to reduce the risk of becoming a victim. It also provides attendees the needed tools to recognize fraud and embezzlement and provides a step-by-step action plan for prevention and prosecution.

Donald P. Lewis Jr., DDS, CFE

Donald P. Lewis, Jr., DDS, CFE is a Diplomate of the American Board of Oral and Maxillofacial Surgery and is currently in private practice in Cleveland, Ohio. He is also a Professor of Oral and Maxillofacial Surgery at Case Western Reserve University School of Dental Medicine.

Dr. Lewis also earned the designation of “Certified Fraud Examiner” (CFE) from the Board of Regents of the Association of Certified Fraud Examiners. He has presented seminars to healthcare professionals, accountants and legal professionals across the United States and Canada. He has also published articles dealing with white-collar crime in local, state and national publications and authored two books on the subject of financial integrity, employee embezzlement and fraud in the dental office.

Dr. Lewis is the Chairman and originator of the American Association of Oral and Maxillofacial Surgeons Committee on Software Development and Computer Technology, which has developed and produced OMSVision®, the practice management software endorsed by American Association of Oral and Maxillofacial Surgeons (AAOMS). Dr. Lewis is also the founder and CEO of PATedLLC, the developer of Practice SafeGuard® which is the only software dedicated to Fraud and Embezzlement detection in the Healthcare industry.
WESTERN SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS
ANNUAL MEETING REGISTRATION

The Benson Hotel, Portland, OR
July 18-20, 2015

Attendee’s Name:____________________________________ Spouse/Guest Name:____________________________________

Office Address:____________________________________ City:________________________ State:_______ Zip:___________

Email:____________________________________ Children’s Names (if attending):

Staff Names (if attending):

REGISTRATION

The Registration Fee includes President’s Cocktail Reception, Full Breakfast and Lunch Buffets, and Breaks.

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* Denotes membership in the Oregon Society of OMS or the Western Society of OMS.

ACTIVITIES: Please fill in ALL the boxes. If not attending, enter -0-

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<td>Sun. 7/19</td>
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