

Chicago Society of Oral and Maxillofacial Surgeons



Join us for the CSOMS Winter Meeting...

OMS Resident Presentations

DATE: Wednesday, January 31, 2024
TIME: 6:00 p.m. Social Hour
7:00 p.m. Dinner and Presentations
LOCATION: East Bank Club, River View Room
500 N. Kingsbury Street, Chicago
FEE: CSOMS Members \$185* / Non-Member OMS \$225*
Guests (non-OMS) \$225* / Active Military \$115*
Resident \$25*
*Two drink tickets included for social hour!
DEADLINE: January 24, 2024.



About the Program: The CSOMS Education Committee has invited the three Chicago Oral and Maxillofacial Surgery Departments to submit two cases encountered by residents in their programs. These six cases will be presented and opened for discussion and questions to all participants. A variety of topics will be addressed in 10-minute segments, each followed by 5 minutes of discussion.

Goal for the Program: Attendees will benefit from the opportunity to analyze cases and share in discussion of treatment options, risks, and results.

Continuing Education: Two (2) hours of continuing education credit will be issued.

To Register: Online registration link is available on the CSOMS web site: [Chicago Society of OMS Web Site](#). Or, complete and return this form with your payment. Send form and payment to CSOMS, 2258 Newport Lane, Geneva, IL 60134; fax: 630-232-4240; phone: 630-408-4676; e-mail: mradecki@chicagosocietyofoms.org.

Registration deadline is Wednesday, January 24, 2024.



*Chicago Society of Oral and Maxillofacial Surgeons is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 3/1/2021 to 2/28/2024. Provider ID#364525

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2258 Newport Lane, Geneva, IL 60134 / Phone: 630-408-4676 / Fax: 630-232-4240 / E-mail: mradecki@chicagosocietyofoms.org

Registration Form

OMS Resident Presentations

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East Bank Club, River View Room, 500 N. Kingsbury Street, Chicago

Name: _____ Telephone No. _____

Amount due: _____ Payment method: Check _____ Credit Card _____

Credit Card Number: _____ Exp.: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ E-mail: _____

Dietary Restrictions/Requests: _____

Please complete and return this form by the registration deadline: **Wednesday, January 24, 2024**