

HINDS SYMPOSIUM REGISTRATION

April 24-25, 2026

Online registration available at HSOMS.org

For payment by check, please use this form.

NAME _____ DEGREES _____

OFFICE ADDRESS _____

PHONE _____ FAX _____

EMAIL _____

Please select choice of attendance:

Symposium Registration Fee \$1,100 _____
(After 4/10/26 - \$1200)

Golf Tournament \$375 _____

Resident Registration Fee \$100 _____

Office Staff Registration (List Attendees) _____ @ \$175/ea. \$ _____

_____ _____

_____ _____

Total _____

Make checks payable to: HOUSTON SOCIETY OF ORAL & MAXILLOFACIAL SURGEONS

Mail to: HSOMS
ATTN: Teresa Granhold
2800 Broadway, #C153
Pearland, TX 77581

Inquiries: Teresa Granhold (832) 736-2211 • Teresa@hsoms.org

Requests for cancellation and refund of registration fees must be made in writing to Teresa Granhold by April 10, 2026. The cancellation date will be determined by the emailed or post marked date.

No refunds will be provided to non-attendees or to registrants whose written notification is emailed or post dated after April 10, 2026.