

RONALD J. REDDEN SYMPOSIUM REGISTRATION

November 7-8, 2025

Online registration available at HSOMS.org

NAME _____ DEGREES _____

SPECIALTY: ☐ OMS ☐ DENTIST ANETHESIOLOGIST

☐ ANETHESIOLOGIST ☐ OTHER _____ (specify)

OFFICE ADDRESS _____

PHONE _____ FAX _____

EMAIL _____

Please select choice of attendance ☐ In-person ☐ Virtual

Physician Registration \$895 _____

Resident Registration \$125 _____

TOTAL _____

Make checks payable to:

HOUSTON SOCIETY OF ORAL & MAXILLOFACIAL SURGEONS

Mail to: HSOMS

ATTN: Teresa Granhold

2800 Broadway St., #C153

Pearland, TX 77581

To register online go to HSOMS.org

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 October 17, 2025. The cancellation date will be determined by the post marked date. No refunds will be provide to non-attendees or to registrants whose written notification is post dated after October 17, 2025.