

COURSE REGISTRATION FORM

**Early Bird Registration Fee (prior to
12/1/19): \$1650.00**
Registration after 12/1/19: \$1800.00

**Method of Payment: Checks or credit
cards (cash not accepted)**

6th Annual Small Group Discussions
In
Oral & Maxillofacial Surgery
January 11-12, 2020
Jacksonville, Florida

PRINT ALL INFORMATION CLEARLY:

Name:

Address:

City:

State:

Zip:

Email:

Mobile Number:

PAYMENT BY CHECK:

Make checks payable to: **UF PSA # 28360**

Mailing address: **U. of Florida, Oral-Maxillofacial
653-1 W. 8th Street
2nd Floor LRC Building
Jacksonville, FL 32209
ATTN: Mrs. Sandy Dube**

*Questions or concerns, please
contact Mrs. Sandy Dube at
904-244-3901
Sandy.Dube@Jax.Ufl.Edu*

PAYMENT BY CREDIT CARD: (PLEASE FAX FORM TO 904-244-8089)

Bill to (circle): VISA Am Ex MasterCard

Credit Card Number:

Expiration Date:

CVV Code:

Card Member's Name-----Signature -----

Refund & Cancellation Policy: Cancellations will not be accepted after December 15, 2019. No refunds due to weather conditions. The University of Florida College of Medicine Jacksonville is not responsible for any airfare, hotel or other costs incurred.