

The Southern California Orofacial Academy Presents

**ANNUAL SCOA FALL IMPLANT CONFERENCE**

**Wednesday September 9, 2009**

**For Doctors and Staff**

**8:30 AM to 12:30 PM 'Precautions & Pitfalls in the Cockpit & in the OR'**

**For Doctors 1 PM to 9 PM 'CO2 Lasers in the Modern Oral Surgery Practice'**

**For Staff 1 PM to 9 PM Staff Sessions I, II, III; Join Doctors IV and V**

*Hilton Pasadena • Total of 12 CEU*

DOCTORS \_\_\_\_\_  
STAFF \_\_\_\_\_  
FAMILY \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ PHONE \_\_\_\_\_  
STATE \_\_\_\_\_ FAX \_\_\_\_\_  
ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

**COURSE REGISTRATION FEES FOR SCOA MEMBERS**

Doctors	\$100 Morning Sessions _____	\$350 Afternoon-Evening Sessions _____
Staff	\$75 Morning Sessions _____	\$200 Afternoon-Evening Sessions _____
Retired	\$75 Morning Sessions _____	\$200 Afternoon-Evening Sessions _____
Military	\$75 Morning Sessions _____	\$200 Afternoon-Evening Sessions _____
Family	\$75 Morning Sessions _____	\$200 Afternoon-Evening Sessions _____
Residents	No Charge	

All Day includes Breakfast, Lunch & Dinner • AM Sessions include Breakfast • PM Sessions include Dinner  
If you will attend only AM or only PM Sessions • You may order lunch • Additional cost is \$20 \_\_\_\_\_

**COURSE REGISTRATION FEES FOR NON-MEMBERS AND TO JOIN SCOA**

Call 626-287-1185 or email [orofacial@compnow.com](mailto:orofacial@compnow.com)

Mail Check and Form	8236 Garibaldi Ave, San Gabriel CA 91775-2436
Fax Credit Card Information	626-287-1515 (Confidential to Susan Only)
Register Online	<a href="http://www.socalorofacial.org">www.socalorofacial.org</a>
Call if you have Questions	626-287-1185

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Address, Phone and email address listed to your credit card if different than information above:  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

**We will send you an e-mail confirmation when we process your registration**