

**Indiana Society of Oral and Maxillofacial Surgeons
Registration
2026 Annual Meeting**

Registrant: (Please register each attendee separately)

Name: _____

Full Address: _____

Email Address (Required): _____

Phone: _____

Hotel Room: Group rate (\$249 + room tax and state tax) available until January 30, 2026

<https://book.passkey.com/go/ISOMS2026>

Registration

Please note - no refunds after February 15, 2026

	ISOMS Member	Cash..... Credit Card..... Vemmo.....	\$220.00 \$228.00 \$229.99
	Staff	Cash..... Credit Card..... Vemmo.....	\$100.00 \$104.00 \$105.00
	Retired ISOMS Member	Cash..... Credit Card..... Vemmo.....	\$100.00 \$104.00 \$105.00

Please make check payable to ISOMS and send to: ISOMS, 11307 Reflection Point Drive, Fishers, IN 46037

If paying through PayPal credit card/Venmo, please pay for only one registrant per transaction.

<https://www.paypal.com/hcp/payment/C7FXHQB9L3DB4>

Breakfast and lunch buffet will be provided. Please note any dietary needs:

() None () Vegetarian () Vegan () Gluten-Free () Celiac Other: _____

_____ I am interested in being a board member.

_____ I am interested in helping perform initial office anesthesia evaluation for new members.