

# HINDS SYMPOSIUM REGISTRATION

April 25-26, 2025

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Online registration available at [HSOMS.org](http://HSOMS.org)

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For payment by check, please use this form.

NAME \_\_\_\_\_ DEGREES \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

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Please select choice of attendance:

Symposium Registration Fee \$930 \_\_\_\_\_  
(After 4/11/25 - \$1000)

Golf Tournament \$275 \_\_\_\_\_

Resident Registration Fee \$100 \_\_\_\_\_

Office Staff Registration (List Attendees) \_\_\_\_\_ @ \$150/ea. \$ \_\_\_\_\_

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Total \_\_\_\_\_

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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](mailto:Teresa@hsoms.org)**

*Requests for cancellation and refund of registration fees must be made in writing to Teresa Granhold by April 11, 2025. The cancellation date will be determined by the emailed or post marked date. No refunds will be provide to non-attendees or to registrants whose written notification is emailed or post dated after April 11, 2025.*