



International Association of Oral and Maxillofacial Surgeons

Thank you for registering as a Trainee to attend the **25th International Conference on Oral and Maxillofacial Surgery (ICOMS) in Glasgow, Scotland (U.K.)**. To complete your registration, we require verification of your enrollment in an oral and maxillofacial surgery training program. If you do not complete and return this form by **July 1, 2021**, you must pay the difference between the Trainee registration rate and the non-member registration rate prior to your arrival at ICOMS. If you would like to apply for IAOMS membership, please contact [Katie Cairns](#) or visit www.iaoms.org.

Trainee Verification Form for IAOMS Membership

Applicant Name:	Date:
Address:	
City:	State/Province:
Country:	Postal Code:
Email:	Mobile Phone:

Trainee Verification To Be Completed By Program Director

This is to confirm that the above named candidate for IAOMS membership is enrolled in the oral and maxillofacial training program at our institute.

OMS Training Program:	
Address:	
City:	State/Province:
Postal Code:	Country:
Anticipated Completion Date:	
Additional Comments:	
Program Director Name:	
Program Director Email:	Date:
Program Director Signature:	

Return This Form To:

Katie Cairns (kcairns@iaoms.org)