



# International Association of Oral and Maxillofacial Surgeons

Thank you for registering to attend the 23rd International Conference on Oral and Maxillofacial Surgery (ICOMS). It has come to our attention that you have registered for the upcoming ICOMS in Hong Kong as an Allied Health Professional. We will need verification of your employment status from your employer. **If your status as an Allied Health Professional has not been confirmed before February 1, 2017, you will need to pay the difference between the Allied Health Professional registration rate and the non-member registration rate prior to your arrival at the Hong Kong Convention and Exhibition Center for the conference.** If you have any questions, please contact Katie Cairns at [kcairns@iaoms.org](mailto:kcairns@iaoms.org).

If you are interested in applying for membership, please contact Katie Cairns at [kcairns@iaoms.org](mailto:kcairns@iaoms.org) or visit our website at [www.iaoms.org](http://www.iaoms.org).

<b>Confirmation of Allied Health Professional Status</b>	
<b><u>Please note that we must have confirmation of your professional status in order to move forward with your registration to ICOMS.</u></b>	
<i>Please fill out the form in its entirety.</i>	
First Name:	Date:
Middle Name:	Date of Birth:
Last Name:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Institution/Business Name:	
Job Title:	
<b>Primary Address and Contact Information</b>	
Address:	
City:	State/Province:
Postal Code:	Country:
Phone:	Fax:
Cell Phone:	E-Mail:
Phone:	Fax:
<b>Employment</b>	
Name of Sponsoring Member:	
Company Name:	
Address:	
City:	State/Province:
Postal Code:	Country:
<b>Employment Description</b>	
<input type="radio"/> Administrative Personnel <input type="radio"/> Practice Administrator/Manager <input type="radio"/> Clinical Personnel <input type="radio"/> Nurse <input type="radio"/> Physician's Assistant <input type="radio"/> Other (Please specify: _____)	

**Credentialing and Certifications**

<b>Highest Level of Education Completed</b>	<b>Which of the following credentials do you hold? (check all that apply)</b>
<p><input type="radio"/> High School/GED</p> <p><input type="radio"/> Some College</p> <p><input type="radio"/> Associates Degree</p> <p><input type="radio"/> Bachelor's Degree</p> <p><input type="radio"/> Master's Degree</p> <p><input type="radio"/> PhD</p>	<p><input type="radio"/> CDA</p> <p><input type="radio"/> CST</p> <p><input type="radio"/> LPN</p> <p><input type="radio"/> PA-C</p> <p><input type="radio"/> Phlebotomy</p> <p><input type="radio"/> RN</p> <p><input type="radio"/> Other (please specify): _____</p>

**RETURN CONFIRMATION TO:**

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