



Western Society of Oral and Maxillofacial Surgeons
3109 Budding Oaks Ct. Sparks, NV 89436
Voice 775-626-4478 Fax 775-626-4479

DUES INVOICE WSOMS

Date: January 1, 2010
Re: 2010 Annual Dues

ITEM	AMOUNT
Western Society of Oral & Maxillofacial Surgeons	\$ 150.00
<u>VOLUNTARY</u> contribution to our Residents Fund	25.00
Total Paid	\$ _____

Please remit by February 1, 2010

Please PRINT the following information:

Name: _____

Address: _____

City/State/Zip: _____

Phone No.: _____ Fax No.: _____

E-mail: _____

Please make your check payable to WSOMS or, for your convenience you may charge this to your Visa or MasterCard.

Charge \$ _____ Visa _____ MasterCard _____

Account Number: _____ Exp. Date: _____

Signature: _____

PLEASE REMIT PAYMENT TO: WSOMS Attention: Linda MacDonald
3109 Budding Oaks Ct. Sparks, NV 89436
PHONE: 775-626-4478 FAX: 775-626-4479