



CALAOMS

950 Reserve Drive, Suite 120, Roseville, CA 95678
Phone: (916) 783-1332 ~ Toll Free: (800) 500-1332 ~ Fax: (916) 772-9220

**ORDER FORM FOR DUPLICATE
ORAL AND MAXILLOFACIAL SURGERY ASSISTANT
Certificates, Pins & Pocket Cards**

Assistant's Name: _____ Date of course: _____ North or South: _____

_____ Certificate - \$15 each

_____ OMSA Pin - \$15 each

_____ Laminated Pocket Card - \$15 each

TOTAL: \$ _____

___ Check enclosed (Please make payable to CALAOMS)

___ Bill my: Visa / MasterCard / American Express / Discover

Cardholder Name: _____

Account #: _____

Exp. date: _____ Security code: _____

Billing Address of Card: _____

Signature of Cardholder: _____

Mailing Address (if different from address above):

Name: _____

Address: _____

Phone #: _____

Mail or Fax completed form to:

CALAOMS

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