



**2004 SOTO-USA Clinical Symposium
October 6-9, 2005**

Dentocranial, SOT Cranial and Allied Health
Hyatt Regency – Union Station • St. Louis, Missouri

REGISTRATION INFORMATION

Please send the following information by:

fax: (336) 760-3438

email: sotousa@bellsouth.net (call credit card numbers in)

telephone: (336) 760-1618

mail: SOTO-USA, PO Box 24936, Winston-Salem, NC 27114-4936.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____ EMAIL: _____

RATES	BEFORE 8/31/04	AFTER 8/31/04	AT THE DOOR
Doctor	\$595	\$650	\$695
SOTO-USA Doctor Member	\$395	\$450	\$495
Student	\$275	\$300	\$325
SOTO-USA Student Member	\$200	\$225	\$250

Doctors	Are You a Current SOTO-USA Member?	Students
\$150		\$90

Symposium Fee	+	Membership Fee	=	Total
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METHOD OF PAYMENT: Check Money Order Mastercard Visa

Fax Registration with Credit Card Info to: (336) 760-3438

CARD # _____ EXP. DATE: _____

Signature: _____

Or mail Check or Money Order with registration form to SOTO-USA, PO Box 24936, Winston-Salem, NC 27114-4036.