

REGISTRATION FORM

Hyatt Regency Chicago • May 18 - 22, 2016 • Chicago, IL

REGISTRATION

The Early Registration Deadline is Monday, April 18, 2016. Online or faxed registrations should be received by 11:59 pm CT on Monday, April 18, to ensure the early rate. Mailed registration forms should be postmarked by the deadline date. All registrations received after the deadline will be charged the late registration fee.

If you choose not to register online, please use one form per person. If you are registering a guest, please register them using the same registration form you use to register an attendee. Make copies as needed.

REGISTRATION QUESTIONS?

PHONE: 312/202-5244 or email: cosmsupport@facs.org. COSM is not responsible for faxes not received due to mechanical failure or circumstances beyond our control. Due to the high volume of faxes received, we are unable to confirm receipt immediately.

Confirmations will be sent within 10 working days. If you require a guarantee of receipt, send registration forms by an overnight carrier who can provide you with confirmation of delivery.

REGISTRATION SUBSTITUTIONS AND CANCELLATION POLICIES:

SUBSTITUTIONS: Substitution of one individual for another is not allowed.

MEETING CANCELLATION: A refund of 50 percent of the registration fees, minus a \$10 processing fee, will be returned to those who notify COSM in writing by Monday, May 2, 2016. After this date, refunds for registration fees will not be issued. The COSM Administrative Fee, if applicable, is nonrefundable.

Please complete the registration categories and fees section on the back of this page.

HOW DID YOU HEAR ABOUT COSM 2016?

Please select from the following choices:

- COSM WEBSITE COSM SAVE-THE-DATE
 COSM PROMOTIONAL EMAIL
 PARTICIPATING SOCIETY WORD OF MOUTH
 OTHER, PLEASE SPECIFY:

Three easy ways to register:
Please choose only one method!

- 1. ONLINE:** www.cosm.md
- 2. FAX TO:** 312/202-5003
- 3. MAIL TO:** COSM Registration Office
c/o American College of Surgeons,
633 N. Saint Clair St., Chicago, IL 60611

PLEASE PRINT OR TYPE:

The address you list below will be used in all communications. Any field with a "*" is required for registration.

CHECK IF PERMANENT CHANGE IN: Name Phone Email Address Fax

* FIRST NAME, FAMILY/LAST NAME, DEGREE (MD, PHD, FACS)

* ADDRESS

* ADDRESS, SUITE/APARTMENT

* CITY, STATE/PROVINCE, ZIP.POSTAL CODE, COUNTRY

* TELEPHONE (WITH COUNTRY AND CITY CODES)/EXTENSION

FAX (WITH COUNTRY AND CITY CODES)

* E-MAIL

Pre-Meeting Emergency Contact Information

Please let us know the best method to reach you prior to the meeting in case of an emergency, i.e. natural disaster, meeting cancellation, etc.

MOBILE EMAIL:

MOBILE PHONE:

HOME PHONE:

Physician Classification

- Otolaryngologist Otolaryngology Resident
 Other, please specify specialty _____

Payment Summary

Registration forms received without payment will not be processed. Purchase orders and wire transfers are not accepted.

Registration fee policy for Residents and Medical Students only: Residents and Medical Students registering for COSM will be assessed a \$150 fee and \$125 fee, respectively, which will permit attendance to all COSM society meetings.

TOTAL REGISTRATION FEES:

\$

Appropriate registration fees will be charged based on membership information provided by each society.

- Check enclosed, made payable to COSM. Checks must be in U.S. dollars drawn on a U.S. bank.

CHARGE THE FOLLOWING CREDIT CARD:

- American Express MasterCard VISA

CARD NUMBER

EXP DATE

AUTHORIZED SIGNATURE

Registration Categories and Fees

FIRST NAME _____

FAMILY/LAST NAME _____

DEGREE (MD, PHD, FACS) _____

RESIDENT & MEDICAL STUDENT REGISTRATION FEE

May 18 - 22, 2016

All COSM Society Meetings

	EARLY	AFTER APRIL 18
<input type="checkbox"/> Resident	\$150	\$150
<input type="checkbox"/> Medical Student	\$125	\$125

Please select the meetings you plan to attend at COSM:

- AAFPRS ABEA ALA
 ANS AOS ARS ASPO TRIO

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY (AAFPRS)

MEETING DATES: May 19 - 20

	EARLY	AFTER APRIL 18
<input type="checkbox"/> Member	\$200	\$250
<input type="checkbox"/> Emeritus Member	No Fee	No Fee
<input type="checkbox"/> Non Member	\$300	\$350
<input type="checkbox"/> Allied Health	\$150	\$200

AMERICAN BRONCHO-ESOPHAGOLOGICAL ASSOCIATION (ABEA)

MEETING DATES: May 18 - 19

	EARLY	AFTER APRIL 18
<input type="checkbox"/> Member	\$125	\$150
<input type="checkbox"/> Senior Member	\$125	\$150
<input type="checkbox"/> Candidate	\$125	\$150
<input type="checkbox"/> Non Member	\$175	\$200
<input type="checkbox"/> Allied Health	\$100	\$125

AMERICAN LARYNGOLOGICAL ASSOCIATION (ALA)

MEETING DATES: May 18 - 19

	EARLY	AFTER APRIL 18
<input type="checkbox"/> Member	\$125	\$175
<input type="checkbox"/> Emeritus Member	\$100	\$150
<input type="checkbox"/> Candidate	No Fee	No Fee
<input type="checkbox"/> Non Member	\$175	\$225
<input type="checkbox"/> Allied Health	\$150	\$175

ALA President's Reception

For tickets, contact maxine.c@comcast.net

AMERICAN NEUROLOGY SOCIETY (ANS)

MEETING DATES: May 20-22

	EARLY	AFTER APRIL 18
<input type="checkbox"/> Member	\$100	\$150
<input type="checkbox"/> Emeritus Member	No Fee	No Fee
<input type="checkbox"/> Senior Member	\$100	\$150
<input type="checkbox"/> Candidate	No Fee	No Fee
<input type="checkbox"/> Non Member	\$175	\$225
<input type="checkbox"/> Allied Health	\$125	\$175

ANS 51st Annual President's Reception

Members and invited guests only (ticket and registration required for entry) No fee

Yes, I will attend. Qty: _____

AMERICAN OTOLOGICAL SOCIETY (AOS)

MEETING DATES: May 20-21

	EARLY	AFTER APRIL 18
<input type="checkbox"/> Member	\$100	\$125
<input type="checkbox"/> Emeritus Member	No Fee	No Fee
<input type="checkbox"/> Senior Member	\$100	\$150
<input type="checkbox"/> Candidate	No Fee	No Fee
<input type="checkbox"/> Non Member	\$150	\$200
<input type="checkbox"/> Allied Health	\$125	\$175

AOS President's Reception & Dinner/Dance

Members and invited guests only \$125 per person

Yes, I will attend. Qty: _____

AMERICAN RHINOLOGIC SOCIETY (ARS)

MEETING DATES: May 19 - 20

	EARLY	AFTER APRIL 18
<input type="checkbox"/> Member	\$150	\$175
<input type="checkbox"/> Emeritus Member	\$100	\$100
<input type="checkbox"/> Non Member	\$200	\$225
<input type="checkbox"/> Allied Health	\$100	\$125

ARS President's Welcome Reception

Members: No Fee
 (must be registered for ARS to attend)
 Nonmembers: \$35 per person

Yes, I will attend. Qty: _____

AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)

MEETING DATES: May 20 - 22

	EARLY	AFTER APRIL 18
<input type="checkbox"/> Member	\$225	\$275
<input type="checkbox"/> Emeritus Member	No Fee	No Fee
<input type="checkbox"/> Non Member	\$300	\$350
<input type="checkbox"/> Allied Health	\$100	\$150

ASPO Fun Run

Members: \$25 per person

Yes, I will attend. Qty: _____

ASPO Sustaining Our Future Reception (Friday)

\$75 per person

Yes, I will attend. Qty: _____

ASPO Banquet (Saturday)

\$75 per person

Yes, I will attend. Qty: _____

THE TRIOLOGICAL SOCIETY (TRIO)

MEETING DATES: May 20 - 21

	EARLY	AFTER APRIL 18
<input type="checkbox"/> Member	\$225	\$300
<input type="checkbox"/> Emeritus Member	No Fee	\$75
<input type="checkbox"/> Senior Member	No Fee	\$75
<input type="checkbox"/> Non Member	\$300	\$375
<input type="checkbox"/> Allied Health	\$125	\$175

GUEST REGISTRATION

All COSM meetings

	EARLY	AFTER APRIL 18
<input type="checkbox"/> Spouse Guest	\$100	\$100

NAME _____

ADDRESS _____

CITY, STATE, COUNTRY _____

EMAIL _____

AMERICANS WITH DISABILITIES ACT (ADA)

- Check here if ADA (Americans with Disabilities Act) accommodations are desired. A staff person will contact you.

PLEASE SPECIFY:

- AUDIO MOBILITY VISUAL

Other, please specify _____

TOTAL REGISTRATION FEES:	\$ _____
TOTAL BANQUET/RECEPTION FEES:	\$ _____
COSM ADMINISTRATIVE FEE:	\$35 (Exclude from total if you are registering as a Resident, Medical Student, or Guest)
TOTAL FEES:	\$ _____

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