

REGISTRATION FORM

Gaylord National Resort & Convention Center // April 18 - 22, 2018 // National Harbor, MD

REGISTRATION

The Early Registration Deadline is

Monday, March 19, 2018. Online or faxed registrations should be received by 11:59 pm CT on Monday, March 19, 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

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, April 2, 2018. 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 2018?

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:

Practice Type:

Solo Partnership Group Clinic Full-time Academic Other, please specify:

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: AmericanExpress MasterCard VISA

CARD NUMBER

EXP DATE

AUTHORIZED

Registration Categories and Fees

FIRST NAME _____

FAMILY/LAST NAME _____

DEGREE (MD, PHD, FACS) _____

RESIDENT & MEDICAL STUDENT REGISTRATION FEE

April 18 - 22, 2018

All COSM Society Meetings

	EARLY	AFTER MARCH 19
<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 AHNS ALA
 ANS AOS ARS ASPO TRIO

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY (AAFPRS)

MEETING DATES: April 18-19

	EARLY	AFTER MARCH 19
<input type="checkbox"/> Member	\$200	\$250
<input type="checkbox"/> Emeritus Member	No Fee	\$50
<input type="checkbox"/> Non Member	\$300	\$350
<input type="checkbox"/> Allied Health	\$150	\$200

Essentials in Facial Plastic Surgery Course

- Residents & Medical Students: Free
 Members, Nonmembers and Allied Health: \$175

AMERICAN BRONCHO-ESOPHAGOLOGICAL ASSOCIATION (ABEA)

MEETING DATES: April 18-19

	EARLY	AFTER MARCH 19
<input type="checkbox"/> Member	\$160	\$210
<input type="checkbox"/> Senior Member	\$160	\$210
<input type="checkbox"/> Candidate	No Fee	No Fee
<input type="checkbox"/> Non Member	\$210	\$260
<input type="checkbox"/> Allied Health	\$300	\$350

AMERICAN HEAD AND NECK SOCIETY (AHNS)

MEETING DATES: April 18-19

	EARLY	AFTER MARCH 19
<input type="checkbox"/> Member	\$225	\$275
<input type="checkbox"/> Emeritus	\$140	\$190
<input type="checkbox"/> Candidate	\$140	\$190
<input type="checkbox"/> Non Member	\$325	\$375
<input type="checkbox"/> Allied Health	\$140	\$190

AHNS President's Reception

(for registered AHNS attendees only)

- Yes, I will attend. Qty: _____

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 _____

AMERICAN LARYNGOLOGICAL ASSOCIATION (ALA)

MEETING DATES: April 18-19

	EARLY	AFTER MARCH 19
<input type="checkbox"/> Member	\$160	\$210
<input type="checkbox"/> Emeritus Member	\$135	\$150
<input type="checkbox"/> Candidate	No Fee	No Fee
<input type="checkbox"/> Non Member	\$210	\$260
<input type="checkbox"/> Allied Health	\$185	\$235

ALA President's Reception

For tickets, contact maxine.c@comcast.net

ALA Post-Graduate Symposium

To register, contact maxine.c@comcast.net

AMERICAN NEUROLOGY SOCIETY (ANS)

MEETING DATES: April 21-22

	EARLY	AFTER MARCH 19
<input type="checkbox"/> Member	\$125	\$175
<input type="checkbox"/> Emeritus Member	No Fee	No Fee
<input type="checkbox"/> Senior Member	\$125	\$175
<input type="checkbox"/> Candidate	No Fee	No Fee
<input type="checkbox"/> Trainee	No Fee	No Fee
<input type="checkbox"/> Non Member	\$200	\$250
<input type="checkbox"/> Allied Health	\$125	\$150

ANS 53rd 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: April 21-22

	EARLY	AFTER MARCH 19
<input type="checkbox"/> Member	\$125	\$175
<input type="checkbox"/> Emeritus Member	No Fee	No Fee
<input type="checkbox"/> Senior Member	\$125	\$175
<input type="checkbox"/> Candidate	No Fee	No Fee
<input type="checkbox"/> Non Member	\$200	\$250
<input type="checkbox"/> Allied Health	\$125	\$150

AOS President's Reception & Dinner/Dance

Members and invited guests only

Members and Invited Guests: \$150/each

Tickets must be purchased by April 9, 2018.

- Yes, I will attend.
 Yes, my guest(s) will attend. Qty: _____

AMERICAN RHINOLOGIC SOCIETY (ARS)

MEETING DATES: April 19-20

	EARLY	AFTER MARCH 19
<input type="checkbox"/> Member	\$150	\$175
<input type="checkbox"/> Emeritus Member	No Fee	No Fee
<input type="checkbox"/> Non Member	\$200	\$225
<input type="checkbox"/> Allied Health	\$100	\$125

ARS Welcome Reception

Members: No Fee / Nonmembers: \$50/each

- Yes, I will attend.
 Yes, my guest(s) will attend. Qty: _____

AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)

MEETING DATES: April 19-20

	EARLY	AFTER MARCH 19
<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 Development Reception

Members and Nonmembers: \$75/each

- Yes, I will attend.
 Yes, my guest(s) will attend. Qty: _____

ASPO Banquet

Members and Nonmembers: \$75/each

- Yes, I will attend.
 Yes, my guest(s) will attend. Qty: _____

THE TRIOLOGICAL SOCIETY (TRIO)

MEETING DATES: April 20-21

	EARLY	AFTER MARCH 19
<input type="checkbox"/> Member	\$225	\$300
<input type="checkbox"/> Emeritus Member	No Fee	\$75
<input type="checkbox"/> Senior Member	No Fee	\$75
FRIDAY SESSION:		
<input type="checkbox"/> AOS Member Discount	\$100	\$125
<input type="checkbox"/> Non Member	\$300	\$375
<input type="checkbox"/> Allied Health	\$125	\$175

GUEST REGISTRATION All COSM meetings

	EARLY	AFTER MARCH 19
Spouse/Guest	\$100	\$100

NAME _____

ADDRESS _____

CITY, STATE, COUNTRY _____

EMAIL _____

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	\$ _____

Early registration forms must be received or postmarked by Monday, March 19, 2018.

All persons attending COSM may be photographed or recorded, and the photos and recordings may be used for news, educational, marketing, or other purposes. Your registration for this event signifies your consent to this use