

# REGISTRATION FORM

JW Marriott Austin // Austin, Texas // May 1-5, 2019

## REGISTRATION

### The Early Registration Deadline is

**Monday, April 1, 2019.** Online or faxed registrations should be received by 11:59 pm CT on Monday, April 1, 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](mailto: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 15, 2019. 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 2019?

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](http://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:

- American Express  MasterCard  VISA

CARD NUMBER

EXP DATE

AUTHORIZED SIGNATURE

# Registration Categories and Fees

FIRST NAME

## RESIDENT & MEDICAL STUDENT REGISTRATION FEE

May 1 - 5, 2019  
All COSM Society Meetings

	EARLY	AFTER APRIL 1
<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  ASPO  TRIO

## AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY (AAFPRS)

MEETING DATES: April 28

	EARLY	AFTER APRIL 1
<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	\$125	\$175

### Essentials in Facial Plastic Surgery Course

<input type="checkbox"/> AAFPRS Members:	\$50	\$50
<input type="checkbox"/> Nonmembers:	\$75	\$75

## AMERICAN BRONCHO-ESOPHAGOLOGICAL ASSOCIATION (ABEA)

MEETING DATES: May 1 - 3

	EARLY	AFTER APRIL 1
<input type="checkbox"/> Member	\$175	\$225
<input type="checkbox"/> Senior Member	\$175	\$225
<input type="checkbox"/> Candidate	No Fee	No Fee
<input type="checkbox"/> Non Member	\$225	\$275
<input type="checkbox"/> Allied Health	\$125	\$175

## AMERICAN HEAD AND NECK SOCIETY (AHNS)

MEETING DATES: May 1 -2

	EARLY	AFTER APRIL 1
<input type="checkbox"/> Member	\$225	\$275
<input type="checkbox"/> Senior	\$140	\$190
<input type="checkbox"/> Candidate	\$140	\$190
<input type="checkbox"/> Nonmember	\$325	\$375
<input type="checkbox"/> Allied Health	\$140	\$190

### AHNS President's Reception

(for registered AHNS attendees only)

- Yes, I will attend. Qty: \_\_\_\_\_

Please provide the following information if registering for AHNS. This information is for CME and MOC purposes.

Birth date: \_\_\_\_\_

Diplomate number, found here:

(<https://www.aboto.org/ABOInternet/VerifyPhysicianCertification>): \_\_\_\_\_

- Acknowledgment AHNS will transfer your data to ACCME and ABOTO.

FAMILY/LAST NAME

## AMERICAN LARYNGOLOGICAL ASSOCIATION (ALA)

MEETING DATES: May 1 - 3

	EARLY	AFTER APRIL 1
<input type="checkbox"/> Member	\$195	\$245
<input type="checkbox"/> Emeritus Member	\$170	\$185
<input type="checkbox"/> Candidate	No Fee	No Fee
<input type="checkbox"/> Non Member	\$245	\$295
<input type="checkbox"/> Allied Health	\$220	\$270

### ALA President's Reception

For tickets, contact maxine.c@comcast.net

### ALA Post-Graduate Symposium

For tickets, contact maxine.c@comcast.net

## AMERICAN NEUROLOGY SOCIETY (ANS)

MEETING DATES: May 3 - 4

	EARLY	AFTER APRIL 1
<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	\$200	\$250

### ANS 54th Annual President's Reception

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

- Yes, I will attend. Qty: \_\_\_\_\_

### ANS WiN Reception

#### (Women in Neurology)

ANS/AOS Women Members, Trainees, and Fellows: No Fee

- Yes, I will attend. Qty: \_\_\_\_\_

## AMERICAN OTOLOGICAL SOCIETY (AOS)

MEETING DATES: May 4 - 5

	EARLY	AFTER APRIL 1
<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	\$200	\$250

### AOS President's Reception & Dinner/Dance

Members and invited guests only  
Members and Invited Guests: \$150/each  
Tickets must be purchased by April 19, 2019

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

DEGREE (MD, PHD, FACS)

## AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)

MEETING DATES: May 3 - 5

	EARLY	AFTER APRIL 1
<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 Banquet

\$100/per person

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

### ASPO Fun Run

\$25/per person

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

## THE TRIOLOGICAL SOCIETY (TRIO)

MEETING DATES: May 3 - 4

	EARLY	AFTER APRIL 1
<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

### Friday Session

<input type="checkbox"/> ALA Member Discount	\$100	\$125
<input type="checkbox"/> AOS Member Discount	\$100	\$125

## GUEST REGISTRATION

All COSM meetings

	EARLY	AFTER APRIL 1
<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: \$ \_\_\_\_\_

Early registration forms must be received or postmarked by April 1, 2019. 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.