

REGISTRATION FORM

COSM 2021 VIRTUAL

APRIL 7-11, 2021 // COSM.MD

Registration

COSM 2021 offers a flat fee structure and will provide you with access to **all nine societies' sessions and posters**. The fee also includes access to all on-demand content to view at your convenience following the live meeting.

If you choose not to register online, please use one form per person.

Registration Questions?

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.

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 Wednesday, March 31, 2021. After this date, refunds for registration fees will not be issued. The \$35 COSM administrative fee, if applicable, is nonrefundable.

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

How did you hear about COSM 2020?

Please select from the following choices:

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

Americans with Disabilities Act (ADA)

- Please check here if you need special accommodations and the appropriate staff member will contact you.

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 – 3295

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

* 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

* E-MAIL

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.

- 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

CVV CODE

AUTHORIZED SIGNATURE

COSM 2021 ALL-ACCESS FEES

<input type="checkbox"/> Member	\$150*	<input type="checkbox"/> International Low/Middle Income	\$175*
<input type="checkbox"/> Non Member	\$200*	<input type="checkbox"/> Active Military	\$175*
<input type="checkbox"/> Allied Health	\$125*	<input type="checkbox"/> Resident	\$100
<input type="checkbox"/> International	\$125*	<input type="checkbox"/> Medical Student	\$75

*A \$35 administration fee will be added to all categories, excluding Residents and Medical Students.

By registering, you acknowledge that sessions will be recorded and chats will be transcribed and saved within the COSM meeting platform. Recorded sessions are owned by COSM and will be made available for on-demand viewing.

Total Registration Fees: \$ _____

COSM Administrative Fee: \$35

(Exclude from total if you are registering as a Resident or Medical Student)

TOTAL FEES: \$ _____