

REGISTRATION

The Early Registration Deadline is Thursday, March 31, 2022. Online or faxed registrations should be received by 11:59 pm CT on Thursday, March 31, 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 Friday, April 15, 2022. After this date, refunds for registration fees will not be issued. The COSM Administrative Fee, if applicable, is nonrefundable.

ATTENDANCE CHANGE: If you would like to switch how you are attending the meeting, in-person vs. virtual, the deadline to do so is March 16, 2022.

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

HOW DID YOU HEAR ABOUT COSM 2022?

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:

- American Express MasterCard VISA

CARD NUMBER

EXP DATE

CVV CODE

AUTHORIZED SIGNATURE

Please let us know how you are attending COSM: IN-PERSON* VIRTUALLY

**In-Person attendees will also have access to all virtual content.*

RESIDENT & MEDICAL STUDENT

April 27 - May 1, 2022
All COSM Society Meetings

	IN-PERSON	VIRTUAL
Resident	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Medical Student	<input type="checkbox"/> \$125	<input type="checkbox"/> \$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 27 - 28

	IN-PERSON		VIRTUAL	
	EARLY	LATE	EARLY	LATE
Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275
Nonmember	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375
Allied Health	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175

AMERICAN BRONCHO-ESOPHAGOLOGICAL ASSOCIATION (ABEA)

MEETING DATES: April 29 - May 1

	IN-PERSON		VIRTUAL	
	EARLY	LATE	EARLY	LATE
Member	<input type="checkbox"/> \$220	<input type="checkbox"/> \$270	<input type="checkbox"/> \$220	<input type="checkbox"/> \$270
Senior	<input type="checkbox"/> \$220	<input type="checkbox"/> \$270	<input type="checkbox"/> \$220	<input type="checkbox"/> \$270
Candidate	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Nonmember	<input type="checkbox"/> \$270	<input type="checkbox"/> \$320	<input type="checkbox"/> \$270	<input type="checkbox"/> \$320
Allied Health	<input type="checkbox"/> \$240	<input type="checkbox"/> \$290	<input type="checkbox"/> \$240	<input type="checkbox"/> \$290

ABEA Reception (in-person only)

Member/Nonmember: \$50/per person

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

AMERICAN HEAD AND NECK SOCIETY (AHNS)

MEETING DATES: April 27 - 28

	IN-PERSON		VIRTUAL	
	EARLY	LATE	-	-
Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$300		<input type="checkbox"/> \$170
Emeritus	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee		<input type="checkbox"/> \$170
Senior	<input type="checkbox"/> \$140	<input type="checkbox"/> \$190		<input type="checkbox"/> \$170
Candidate	<input type="checkbox"/> \$140	<input type="checkbox"/> \$190		<input type="checkbox"/> \$170
Nonmember	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375		<input type="checkbox"/> \$170
Allied Health	<input type="checkbox"/> \$140	<input type="checkbox"/> \$190		<input type="checkbox"/> \$170

AMERICAN LARYNGOLOGICAL ASSOCIATION (ALA)

MEETING DATES: April 28-29

	IN-PERSON		VIRTUAL	
	EARLY	LATE	EARLY	LATE
Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245
Emeritus	<input type="checkbox"/> \$170	<input type="checkbox"/> \$185	<input type="checkbox"/> \$170	<input type="checkbox"/> \$185
Candidate	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Nonmember	<input type="checkbox"/> \$245	<input type="checkbox"/> \$295	<input type="checkbox"/> \$245	<input type="checkbox"/> \$295
Allied Health	<input type="checkbox"/> \$220	<input type="checkbox"/> \$270	<input type="checkbox"/> \$220	<input type="checkbox"/> \$270

ALA President's Reception (in-person only)

For tickets, contact maxine.c@comcast.net

ALA Post-Graduate Symposium (in-person only)

No fee
For tickets, contact maxine.c@comcast.net

AMERICANS WITH DISABILITIES ACT (ADA)

- Please indicate if an ADA (Americans with Disabilities Act) accommodation is required.
Special requests must be received by Monday, April 18, 2022.

IN-PERSON ATTENDEES, PLEASE SPECIFY:

- Audio Mobility Visual Other, please specify _____

VIRTUAL ATTENDEES, PLEASE SPECIFY: Deaf / Hard of Hearing

IN-PERSON ATTENDEES: Please let us know if you have a dietary restriction.

- Gluten Free Halal Kosher Vegan Vegetarian Other _____

AMERICAN NEUROLOGY SOCIETY (ANS)

MEETING DATES: April 30 - May 1

	IN-PERSON		VIRTUAL	
	EARLY	LATE	EARLY	LATE
Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Emeritus	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Senior	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Candidate	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Trainee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Nonmember	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275
Allied Health	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275

ANS 57th Annual President's Reception

(in-person only)

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

- Yes, I will attend. Qty: _____

ANS WiN Reception (Women in Neurology) (in-person only)

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

- Yes, I will attend. Qty: _____

AMERICAN OTOLOGICAL SOCIETY (AOS)

MEETING DATES: April 29 - 30

	IN-PERSON		VIRTUAL	
	EARLY	LATE	EARLY	LATE
Member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175
Emeritus	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Senior	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175
Candidate	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Nonmember	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275
Allied Health	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275

AOS President's Reception & Dinner/Dance (in-person only)

Members and invited guests only
Members and Invited Guests: \$150/each
Tickets must be purchased by April 22, 2022

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

AMERICAN RHINOLOGIC SOCIETY (ARS)

MEETING DATES: April 28 - 29

	IN-PERSON		VIRTUAL	
	EARLY	LATE	EARLY	LATE
Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175
Emeritus	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Nonmember	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Allied Health	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150

ARS Welcome Reception (in-person only)

ARS Members: \$100
Nonmembers: \$150

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

AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)

MEETING DATES: April 29 - May 1

	IN-PERSON		VIRTUAL	
	EARLY	LATE	EARLY	LATE
Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$300	<input type="checkbox"/> \$225	<input type="checkbox"/> \$300
Emeritus	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Nonmember	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
Allied Health	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150

ASPO Banquet (in-person only)

Members/Nonmembers: \$150/per person

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

ASPO Fun Run (in-person only)

Members/Nonmembers: \$35/per person

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

THE TRIOLOGICAL SOCIETY (TRIO)

MEETING DATES: April 29 - 30

	IN-PERSON		VIRTUAL	
	EARLY	LATE	EARLY	LATE
Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$300	<input type="checkbox"/> \$225	<input type="checkbox"/> \$300
Emeritus	<input type="checkbox"/> No Fee	<input type="checkbox"/> \$75	<input type="checkbox"/> No Fee	<input type="checkbox"/> \$75
Senior	<input type="checkbox"/> No Fee	<input type="checkbox"/> \$75	<input type="checkbox"/> No Fee	<input type="checkbox"/> \$75
Nonmember	<input type="checkbox"/> \$300	<input type="checkbox"/> \$375	<input type="checkbox"/> \$300	<input type="checkbox"/> \$375
Allied Health	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175

GUEST REGISTRATION

Please note that guest registrations are allowed for in-person attendance only. If you wish to register a guest for COSM, you must both attend in person.

All COSM meetings

	EARLY	AFTER MARCH 31
Spouse Guest	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100

NAME _____

ADDRESS _____

CITY, STATE, COUNTRY _____

EMAIL _____

Total Registration Fees: \$ _____

Total Banquet/Reception Fees: \$ _____

COSM Administrative Fee: \$40

(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 March 31, 2022. 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.

Registration Form

COSM COVID-19 POLICY/TESTING POLICY

HOLD HARMLESS WAIVER: On my own behalf and on behalf of those I am registering, I acknowledge that travel to and attending in person meetings entails the risk of contracting communicable diseases; I agree to waive and hold COSM, COSM Societies, the American College of Surgeons, the facility, and each of their agents harmless from and against any liability, damages or expenses arising from travel to or attendance at the event; I agree to follow all health and safety protocols announced by COSM, the Hyatt Regency Dallas, and government authorities.

VACCINATION REQUIRED: To ensure safety for all in-person participants in Dallas, COSM 2022 is a COVID-19 VACCINATION OR DAILY NEGATIVE COVID TEST REQUIRED event for all attendees, exhibitors, and staff. Verification of COVID-19 vaccination or daily negative COVID-19 tests (within 24 hours) will be required for all in-person attendees and masks are required for all attendees, exhibitors, and staff. Verification will be required through CLEAR Health Pass; additional information will be provided closer to the meeting..

I agree to the COSM COVID & Testing Policies.

FIRST NAME

FAMILY/LAST NAME

DEGREE (MD, PHD, FACS)

SIGNATURE

DATE