

COSM2023

BOSTON MAY 3-7, 2023 // COSM.MD

REGISTRATION

The Early Registration Deadline is April 6, 2023. Online, mailed or faxed registrations should be received/postmarked by 11:59 pm CT on April 6, to ensure the early rate. All registrations received after the deadline will be charged the late registration fee.

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.

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 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

Physician Classification

- Otolaryngologist
 Otolaryngology Resident
 Other, please specify specialty

Practice Type:

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

How Will You Be Attending:

- In-Person (will also have access to all virtual content)
 Virtual Poster Session Only

ADDITIONAL REGISTRATION CATEGORIES

May 3 - 7, 2023
All COSM Society Meetings

	IN-PERSON
Resident	<input type="checkbox"/> \$150
Medical Student	<input type="checkbox"/> \$125
Active Military w/In-person fee	<input type="checkbox"/> \$300
Commercial Representative w/In-person	<input type="checkbox"/> \$1500

Please select the meetings you plan to attend at COSM:

- AAFPRS ABEA ALA ANS
 AOS ARS ASPO TRIO

I agree to allow meeting sponsors and exhibitors (that are defined as ineligible companies by the Accreditation Council for Continuing Medical Education (ACCME)) to have access to my contact information.

- Yes No

CHANGE AND CANCELLATION POLICIES:

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

CANCELLATION POLICY: A refund of 50% of the registration fees, minus a \$10 processing fee, will be returned to those who notify COSM in writing by April 6. After this date, refunds for registration fees will not be issued. The \$35 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 April 6.

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.

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.

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

	FEE
Guest/Spouse	<input type="checkbox"/> \$100

NAME

ADDRESS

CITY, STATE, COUNTRY

EMAIL

Please complete the society options, fees, payment and other required information sections on the next two pages.

AAPFRS: AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

MEETING DATES: May 3-4

	EARLY	LATE
Member	<input type="checkbox"/> \$225 <input type="checkbox"/> \$300	
Nonmember	<input type="checkbox"/> \$300 <input type="checkbox"/> \$375	

ABEA: AMERICAN BRONCHO-ESOPHAGOLOGICAL ASSOCIATION

MEETING DATES: May 4-6

	EARLY	LATE
Member	<input type="checkbox"/> \$220 <input type="checkbox"/> \$245	
Senior	<input type="checkbox"/> \$220 <input type="checkbox"/> \$245	
Nonmember	<input type="checkbox"/> \$270 <input type="checkbox"/> \$295	
Allied Health	<input type="checkbox"/> \$240 <input type="checkbox"/> \$265	

ABEA Reception (in-person only)

Member/Nonmember: \$50/per person

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

ALA: AMERICAN LARYNGOLOGICAL ASSOCIATION

MEETING DATES: May 5-7

	EARLY	LATE
Member	<input type="checkbox"/> \$225 <input type="checkbox"/> \$275	
Emeritus	<input type="checkbox"/> \$200 <input type="checkbox"/> \$215	
Candidate	<input type="checkbox"/> No Fee <input type="checkbox"/> No Fee	
Nonmember	<input type="checkbox"/> \$275 <input type="checkbox"/> \$325	
Allied Health	<input type="checkbox"/> \$250 <input type="checkbox"/> \$300	

ALA President's Reception (in-person only)

Tiered Member and Nonmember pricing applies. For tickets, contact maxine.c@comcast.net

ALA Post-Graduate Symposium (in-person only)

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

VIRTUAL POSTER SESSION

- In person CME Add-on \$50
 Virtual Poster Session Only \$150

PAYMENT SUMMARY

Appropriate registration fees will be charged based on membership information provided by each society. Registration forms received without payment will not be processed. Purchase orders and wire transfers are not accepted.

TOTAL SOCIETY AND/OR VIRTUAL POSTER SESSION FEES:	\$ _____
TOTAL BANQUET/RECEPTION/SPECIAL EVENT FEES:	\$ _____
COSM ADMINISTRATIVE FEE:	\$35
(Exclude from total if you are registering as a Resident, Medical Student, or Guest)	
TOTAL FEES:	\$ _____

PAYMENT TYPE

- 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

CVV CODE

EXP DATE

AUTHORIZED SIGNATURE

ANS: AMERICAN NEUROLOGY SOCIETY

MEETING DATES: May 5-6

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

ANS 58th 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/AOS WiN Reception (Women in Neurology) (in-person only)

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

- Yes, I will attend. Qty: _____

AOS: AMERICAN OTOLOGICAL SOCIETY

MEETING DATES: May 6-7

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

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

Members and Invited Guests: \$150/each
 Tickets must be purchased by April 24, 2023. For tickets, contact Kristen @ 217-638-0801 or administrator@americanneurologysociety.com

ARS: AMERICAN RHINOLOGIC SOCIETY

MEETING DATES: May 4-5

	EARLY	LATE
Member	<input type="checkbox"/> \$200 <input type="checkbox"/> \$250	
Emeritus	<input type="checkbox"/> No Fee <input type="checkbox"/> No Fee	
Nonmember	<input type="checkbox"/> \$250 <input type="checkbox"/> \$300	
Allied Health	<input type="checkbox"/> \$150 <input type="checkbox"/> \$200	

ARS President's Welcome Reception (in-person only)

ARS Members: \$125
 Nonmembers: \$149

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

ASPO: AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY

MEETING DATES: May 5-7

	EARLY	LATE
Member	<input type="checkbox"/> \$275 <input type="checkbox"/> \$350	
Emeritus	<input type="checkbox"/> No Fee <input type="checkbox"/> No Fee	
Nonmember	<input type="checkbox"/> \$350 <input type="checkbox"/> \$400	
Allied Health	<input type="checkbox"/> \$150 <input type="checkbox"/> \$200	

ASPO Social (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: \$40/per person

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

TRIO: THE TRIOLOGICAL SOCIETY

MEETING DATES: May 4-5

	EARLY	LATE
Member	<input type="checkbox"/> \$275 <input type="checkbox"/> \$350	
Emeritus	<input type="checkbox"/> No Fee <input type="checkbox"/> \$125	
Senior	<input type="checkbox"/> No Fee <input type="checkbox"/> \$125	
Nonmember	<input type="checkbox"/> \$350 <input type="checkbox"/> \$425	
Allied Health	<input type="checkbox"/> \$175 <input type="checkbox"/> \$225	

REGISTRATION FORM CONTINUED

COSM COVID-19 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 both COSM and the meeting facility.

VACCINATION OR TESTING REQUIREMENT: To ensure safety for all in-person participants in Boston, it is strongly encouraged that attendees are fully vaccinated (as defined by the CDC). Attendees should test prior to travel and refrain from participating in COSM if symptoms of COVID-19 or other illness exist.

I agree to the COSM Hold Harmless and COVID/Testing policies.

FIRST NAME

FAMILY/LAST NAME

DEGREE (MD, PHD, FACS)

SIGNATURE

DATE

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.

EMAIL:

MOBILE PHONE:

HOME PHONE:

AMERICANS WITH DISABILITIES ACT (ADA)

Please indicate if an ADA (Americans with Disabilities Act) accommodation is required. Special requests must be received by April 6.

IN-PERSON ATTENDEES, PLEASE SPECIFY: Audio Mobility Visual Other, please specify _____

DIETARY RESTRICTIONS

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

Gluten Free Halal Kosher Vegan Vegetarian Other _____

HOW DID YOU HEAR ABOUT COSM 2023?

Please select from the following choices:

COSM WEBSITE COSM SAVE-THE-DATE

COSM PROMOTIONAL EMAIL

PARTICIPATING SOCIETY WORD OF MOUTH

OTHER, PLEASE SPECIFY: _____