

AAO-HNSF 2007 Expo Only Registration

PLEASE PRINT OR TYPE

AAO-HNS member addresses on file will be used in all communications. Please indicate if you are permanently changing : Address Phone Fax Email Company Cell Phone

First Name	Family/Last Name	Degree (MD,FRCS,PhD,etc)	AAO-HNS ID#
Address			
Address			Suite/Apartment
City	State/Province	ZIP+4Postal Code	Country
Telephone (country and City Codes)/Extension	Cell Pone	Fax (Country and City Codes)	Email

TO AVOID DUPLICATE CREDIT CARD CHARGES, FAX OR MAIL THIS FORM, NOT BOTH. The Academy is not responsible for faxes not received because of mechanical failure or circumstances beyond its control. Given the high volume of faxes received, we cannot confirm receipt immediately. Confirmations will be sent within 10 working days of receipt of registration form. Online registrations will receive a confirmation by email. If you need notification of receipt, please register online at www.entnet.org/annual_meeting, or send registration forms by a carrier who can provide confirmation of delivery.

1) Which of the following areas of ORL-HNS do you perform in your practice? Check up to five (5) that apply.

1. <input type="checkbox"/> Most of all areas of ORL-HNS	9. <input type="checkbox"/> Otology
2. <input type="checkbox"/> Allergy	10. <input type="checkbox"/> ORL Pathology
3. <input type="checkbox"/> Broncho-Esophagology	11. <input type="checkbox"/> Pediatric ORL
4. <input type="checkbox"/> FacialPlastic and Recon. Surgery	12. <input type="checkbox"/> Rhinology
5. <input type="checkbox"/> Head and Neck Surgery	13. <input type="checkbox"/> Office Administration
6. <input type="checkbox"/> Laryngology	14. <input type="checkbox"/> ORL Nursing
7. <input type="checkbox"/> Maxillofacial Surgery	15. <input type="checkbox"/> Physician Assistance
8. <input type="checkbox"/> Neurotology	16. <input type="checkbox"/> Audiology

2) Which of the following occupational settings best describes your practice? Check one (1)

1. <input type="checkbox"/> Solo	6. <input type="checkbox"/> Academic Faculty
2. <input type="checkbox"/> Partnership	7. <input type="checkbox"/> Academic resident/fellow
3. <input type="checkbox"/> Group single specialty	8. <input type="checkbox"/> Full time research
4. <input type="checkbox"/> Group multispecialty	9. <input type="checkbox"/> Industry
5. <input type="checkbox"/> HMO	10. <input type="checkbox"/> Military
	11. <input type="checkbox"/> Government

3) How would you best describe your role in making purchases for your office? Check up to two (2) responses.

1. Approve major purchases
2. Approve minor purchases
3. Make recommendations
4. Initial contact with vendors
5. Some involvement/advisory role
6. No involvement

4) How did you make your housing reservations?

1. AAO-HNS Housing Center
2. Direct with hotel
3. Online
4. Travel Agent
5. Other: _____
6. I have not made my housing arrangements yet

Gender?

Male Female

Prefix

Dr. Professor Mr. Ms. Mrs.

Have you ever attended an AAO-HNS Annual Meeting & OTO EXPO?

Yes No

Expo Only Registration Fees

<input type="checkbox"/> SUNDAY	\$50
<input type="checkbox"/> MONDAY	\$50
<input type="checkbox"/> TUESDAY	\$50
<input type="checkbox"/> WEDNESDAY	\$50
<input type="checkbox"/> SUNDAY, MONDAY, TUESDAY, & WEDNESDAY	\$100

Payment Summary
Forms received without payment will not be processed

Registration Fees: \$ _____

Charge the following credit card:

American Express MasterCard Visa

Card Number _____

Expiration Date _____

Authorized Signature _____

Questions?
Phone: 1-703-449-6418 or 1-866-849-8869
Email: aaohnsfreg@jspargo.com

Substitutions
No substitution of one individual for another is allowed.

Early registration must be received by July 27th.

FORMS RECEIVED WITHOUT PAYMENT OR AFTER AUGUST 18th, 2007 WILL NOT BE PROCESSED.

FAX: 1-703-631-6288

MAIL: AAO-HNSF Registration Center

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Fairfax, VA 22030