

# AAO-HNSF 2008 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 Phone	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](http://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"/> Otolaryngology
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.**

- Approve major purchases
- Approve minor purchases
- Make recommendations
- Initial contact with vendors
- Some involvement/advisory role
- No involvement

**4) How did you make your housing reservations?**

- AAO-HNS Housing Center
- Direct with hotel
- Online
- Travel Agent
- Other: \_\_\_\_\_
- I have not made my housing arrangements yet

**Gender?**

Male  Female

**Prefix**

Dr.  Ms.  Professor  Mrs.  Mr.

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

Yes  No

**Expo Only Registration Fees**

\$50 (Single Day) Please indicate day: \_\_\_\_\_

\$100 SUNDAY, MONDAY, TUESDAY, & WEDNESDAY

**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 \_\_\_\_\_

**Meeting Confirmation and Materials**  
You will receive a confirmation email once your registration is complete. Registration materials will be mailed at least two weeks prior to the meeting.

**Substitutions**  
No registration substitutions are allowed. This policy will be strictly enforced in order to maintain equal access for all participants.

**Cancellations and Refunds**  
There will be a 25% processing fee on all cancellations received on or before July 21st. All other cancellation requests must be received in writing on or before August 18th in order to qualify for a 50% refund. All instruction courses are non-refundable. No cancellations will be processed if received after August 18th.

**Early registration must be received by July 21st.**

**FORMS RECEIVED WITHOUT PAYMENT AFTER AUGUST 18th, 2008 WILL NOT BE PROCESSED.**

FAX: 1-703-631-6288  
MAIL: AAO-HNSF Registration Center  
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Fairfax, VA 22030