

Registration

Early registration must be postmarked by Thursday, March 18, 2010. Registration forms received after April 19, 2010, will not be processed. Please register on site if you do not meet the April 19 deadline. We encourage you to register online.

If you choose not to register online, please use one form per person. If you are registering a spouse or guest, please register them using the same registration form you use to register an attendee. Make copies as needed. Additional forms are available at www.cosm.md.

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 E-mail 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 _____

PAYMENT SUMMARY

Registration forms received without payment will not be processed.

Registration fee policy for residents only: Residents registering for COSM will be assessed a \$100 fee, 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

AUTHORIZED SIGNATURE

RETURN PAYMENT AND COMPLETED FORM TO: COSM Registration Office,
PO Box 561, Brookfield, IL 60513-0561

FAX: 708-344-4444 for credit card charges only

Please fax or mail, not both.

COSM

 COMBINED
OTOLARYNGOLOGY
SPRING
MEETINGS

April 28–May 2, 2010
Paris/Bally's Las Vegas, NV

Three easy ways to register

1. ONLINE	www.cosm.md
2. FAX	708-344-4444
3. MAIL	COSM Registration Office PO Box 561 Brookfield, IL 60513-0561

Please choose only one method!

Individuals with disabilities who require special assistance should contact Beth Faubel at bfaubel@facs.org or 312-202-5033.

Check here if ADA (Americans with Disabilities Act) accommodations are desired. A staff person will contact you.

PLEASE SPECIFY: Audio Mobile
Visual Other _____

Registration questions?

Contact 312-202-5244 or 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 CHANGES AND CANCELLATION POLICIES

CHANGES: 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 Thursday, March 18. After this date, refunds for registration fees will not be issued. The \$25 COSM administrative fee, if applicable, will not be refunded.

Please complete the registration categories and fees section on page 7.

Registration Categories and Fees

FIRST NAME _____ FAMILY/LAST NAME _____ DEGREE (MD, PHD, FACS) _____

Resident Registration Fee
All eight meetings
MEETING DATES: April 28–May 2

	EARLY	AFTER MARCH 18
<input type="checkbox"/> Resident	\$100	\$100

Please select the meetings you plan to attend at COSM: ABEA AHNS ALA ANS
 AOS ARS ASPO TRIO

American Broncho-Esophagological Association (ABEA)
MEETING DATES: April 28–29

	EARLY	AFTER MARCH 18
<input type="checkbox"/> Member	\$100	\$125
<input type="checkbox"/> Nonmember	\$125	\$150
<input type="checkbox"/> Allied Health	\$100	\$125
<input type="checkbox"/> Candidate	No fee	No fee

American Head and Neck Society (AHNS)
MEETING DATES: April 28–29

	EARLY	AFTER MARCH 18
<input type="checkbox"/> Member	\$185	\$235
<input type="checkbox"/> Nonmember	\$285	\$335
<input type="checkbox"/> Allied Health	\$100	\$150
<input type="checkbox"/> Candidate	\$100	\$150
<input type="checkbox"/> Emeritus	\$100	\$150

AHNS President's Reception. This event is included with AHNS registration. Please indicate if you plan to attend.
 Yes, I will attend.

American Laryngological Association (ALA)
MEETING DATES: April 28–29

	EARLY	AFTER MARCH 18
<input type="checkbox"/> Member	\$125	\$150
<input type="checkbox"/> Nonmember	\$185	\$225
<input type="checkbox"/> Allied Health	\$125	\$125
<input type="checkbox"/> Candidate	No Fee	No Fee

ALA President's Reception and Banquet
Member \$65 each
Nonmember \$75 each

Please contact the ALA administrator's office directly to purchase banquet tickets. Call Maxine Cunningham at 615-343-0429 or e-mail Maxine-alahns@comcast.net.

ALA Laryngology Fellows Reception
By invitation only. No fee.

American Neurotology Society (ANS)
MEETING DATES: May 1–2

	EARLY	AFTER MARCH 18
<input type="checkbox"/> Member	\$75	\$100
<input type="checkbox"/> Nonmember	\$150	\$200
<input type="checkbox"/> Allied Health	\$100	\$125
<input type="checkbox"/> Candidate	No Fee	No fee

ANS President's Reception. Members and invited guests only. No fee. Please indicate if you plan to attend.
 Yes, I will attend. Qty: _____

American Otological Society (AOS)
MEETING DATES: May 1–2

	EARLY	AFTER MARCH 18
<input type="checkbox"/> Member	\$100	\$125
<input type="checkbox"/> Nonmember	\$150	\$200
<input type="checkbox"/> Allied Health	\$75	\$100
<input type="checkbox"/> Candidate	No Fee	No fee

AOS President's Reception/Banquet & Dance. Members and invited guests only. \$125 each. Please indicate if you plan to attend.
 Yes, I will attend. Qty: _____

American Rhinologic Society (ARS)
MEETING DATE: April 29

	EARLY	AFTER MARCH 18
<input type="checkbox"/> Member	\$150	\$175
<input type="checkbox"/> Nonmember	\$175	\$225
<input type="checkbox"/> Allied Health	\$100	\$125
<input type="checkbox"/> Candidate	No Fee	No Fee
<input type="checkbox"/> Emeritus	\$150	\$175

American Society of Pediatric Otolaryngology (ASPO)
MEETING DATES: April 30–May 2

	EARLY	AFTER MARCH 18
<input type="checkbox"/> Member	\$200	\$250
<input type="checkbox"/> Nonmember	\$250	\$300
<input type="checkbox"/> Allied Health	No Fee	No Fee

ASPO Banquet. Members and nonmembers. \$75 each. Please indicate if you plan to attend.
 Yes, I will attend. Qty: _____

The Triological Society (TRIO)
MEETING DATES: April 30–May 1

	EARLY	AFTER MARCH 18
<input type="checkbox"/> Member	\$175	\$225
<input type="checkbox"/> Nonmember	\$250	\$300
<input type="checkbox"/> Allied Health	\$100	\$150
<input type="checkbox"/> Emeritus	No Fee	\$50

Triological International Wine Tasting Reception
 Members and nonmembers \$75 each Qty: _____
 Residents and Fellows \$30 each Qty: _____

Spouse/Guest Registration Fee
All eight meetings

	EARLY	AFTER MARCH 18
<input type="checkbox"/> Spouse/Guest	\$50	\$50

TOTAL REGISTRATION FEES:	\$
TOTAL BANQUET/RECEPTION FEES:	\$
COSM ADMINISTRATIVE FEE: (Exclude from total if you are registering as a resident, Allied Health Professional, or guest)	\$25
TOTAL FEES:	\$

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