



1st Annual Joint Surgical Advocacy Conference Registration Form

March 9-11, 2008

Renaissance Mayflower Hotel • 1127 Connecticut Ave, NW • Washington, DC 20036

Fax completed Registration Form to 703-519-1546

Contact Information:

First Name (Please Print) _____ MI _____ Last Name _____ Suffix _____

Company/Practice _____ Title _____

Mailing Address _____ Suite/Apt. _____ City/State/Zip _____

(_____) _____ (_____) _____ (_____) _____
Daytime Phone Mobile Phone (optional) Fax Email

Primary Surgical Society (check one): AANS/CNS AAO-HNS ACS ACOS
SAGES STS Other _____

Do you have any special physical, dietary (for example, vegetarian, kosher), or other needs? Yes No



If yes, please describe _____

On-Site Emergency Contact Information: *This section must be completed for your registration to be processed.*

I agree and acknowledge that I am undertaking participation in JSAC events and activities as my own free and intentional act. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in JSAC events and I do hereby assume responsibility for my own well-being. I also agree not to allow any other individual to participate in my place.

What hotel will you be staying at? _____

Name of Person to Contact: _____ Relationship to you: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Signature: _____ Date: _____

Scheduled Agenda

Please check all events that you will be attending.

Payment & Cancellation Information

Register before February 8th and Save!

	Yes	No
Sunday, March 9 ***Check your primary surgical society's website for Individual Briefing Schedules. Opening Reception, 6:00PM-7:30PM	<input type="checkbox"/>	<input type="checkbox"/>
Monday, March 10 Welcome Breakfast, 7:00AM-8:00AM Legislative Program, 8:00AM-5:30PM Lunch, 12:00PM-1:00PM Congressional Reception, 6:00PM-7:30PM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tuesday, March 11 Breakfast Issue Briefing, 8:00AM-9:00AM Capitol Hill Visits, 9:00AM-2:00PM Lunch on the Hill, 12:30PM -2:00PM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Registration Deadlines	Attendee	Resident
Early (on or before February 8)	<input type="checkbox"/> \$199.00	<input type="checkbox"/> \$50.00
Regular Rate (after February 8 & onsite)	<input type="checkbox"/> \$249.00	<input type="checkbox"/> \$75.00
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Please include credit card information or mail your check or money order, made payable to AAO-HNS, with completed registration form. Registration forms received without payment will not be processed. By completing the following information, you are authorizing the appropriate registration fee to be applied to your credit card.		
Credit Card Number: _____		
Expiration Date: _____ Security Code: _____		
Cardholder's Name: _____		
Cardholder's Signature: _____		

*****Housing Reservations must be made separately. Please see page 2 for additional information.**

*****A \$50.00 processing fee will be applied to cancellations received before February 25, 2008. Cancellations or requests for refunds must be submitted in writing on or before February 25. No change or name substitutions are allowed. Refunds will be processed in April 2008.**

**Return Payment and Completed Registration Form to:
AAO-HNS Meetings Department
One Prince Street, Alexandria, VA 22314.
Fax: 703-519-1546**