

REGISTRATION FORM



AHNS 2010 RESEARCH WORKSHOP October 28-30, 2010, Arlington, Virginia

First/Given Name: _____ MI: _____ Last/Family Name: _____ Degrees: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Email Address: _____

Phone (country code, city/area code, phone #): _____ Fax (country code, city/area code, phone #): _____

Please indicate your type of practice (check all that apply):

- Head & Neck Surgeon Otolaryngologist Plastic Surgeon Surgical Oncologist Medical Oncologist
 Dentist Oral Surgeon Radiation Oncologist Radiologist Pathologist
 Clinical Investigator Molecular & Cellular Biologist Allied Health Professional Other: _____

| STEP 1 (required): Register Under the Appropriate Category (circle your registration category) | PHYSICIANS | | | ALLIED HEALTH | | TOTAL |
|---|-------------|------------|---------------------|---------------|-----------------------------|-------|
| | AHNS Member | Non-Member | Resident, Fellow | Nurse, PA | Scientist, Engineer, PhD | |
| | \$500 | \$600 | \$275 | \$275 | \$400 | |

| | | | |
|---|---|------|--|
| STEP 2: Register for Additional Fee Activities | <input type="checkbox"/> Grant Writing Session (Limited Seating) Thursday, October 28, 2010, 6:00pm - 8:00pm | \$35 | |
|---|---|------|--|

| | | | |
|--|---------------|-------|--|
| STEP 3: Register Any Accompanying Persons | Guest 1 Name: | \$125 | |
| | Guest 2 Name: | \$125 | |

| | | | |
|---|---|-----|--|
| STEP 4: RSVP for Social Events (no extra charge) | <input type="checkbox"/> Opening Reception in the Exhibit Hall, Thursday, October 28, 2010, 7:00pm - 9:00pm | \$0 | |
| | <input type="checkbox"/> Evening Social Event Reception, Friday, October 29, 2010, 7:00pm - 9:00pm | \$0 | |

| | | | |
|---|---|-------|--|
| STEP 5: Late Registration Fees (if applicable) | <input type="checkbox"/> Registering after September 24, 2010 and before October 21, 2010 | \$100 | |
| | <input type="checkbox"/> Onsite Registration Fee after October 21, 2010 | \$150 | |

TOTAL AMOUNT DUE

Notifications of cancellation **must be submitted in writing**. Cancellations received before **September 24, 2010** will be refunded less a \$100 administrative fee. **No refunds** will be available after September 24, 2010. Substitutions are allowed at any time but must be submitted in writing and must be of the same member status. Please email the Meeting Registrar at registration@ahns.info for these requests.

Special Services: _____

Payment in full must accompany registration:

- Check Enclosed (Payable to the American Head and Neck Society)
 Credit Card (AHNS accepts only Visa, Mastercard, and American Express)

Card #: _____ Exp.: _____ Verification Code: _____
(Verification Code: Visa/MC 3 Digits on the Back of the card. Amex: 4 Digits on the Front of the card.)

Card Holders Name: _____ Signature: _____

Mail or fax this form with payment to:

Meeting Registrar - The American Head and Neck Society

By mail: 11300 W. Olympic Blvd., Suite 600, Los Angeles, CA 90064 Via fax: 1-310-437-0585 Via email: registration@ahns.info