

**REGISTRATION FORM**

**58TH ANNUAL MEETING**

**SATURDAY, SEPTEMBER 8, 2012**

**Grand Hyatt Washington, Washington DC**

**8th Annual David W. Kennedy Lectureship**

***Guest Lecturer: Donald C. Lanza, M.D.***

**Breakfast Symposium**

**“Innovations in Rhinology”**

**Resident’s & Fellows in Training Luncheon**

**(Resident’s/Fellows in Training only) 12:00pm – 1:00pm**

**Poster Presentation Wine & Cheese Reception – 5:30pm – 7:30pm**



The **58th Annual Meeting of the American Rhinologic Society’s** Headquarter hotel is the

***Grand Hyatt Washington***

***Washington, DC***

**NEW!**

**FIRST TIME ATTENDEES…**

**Register by July 1st and join us for FREE!**

**(Register after 7/31 and we will give you a 50% discount on registration fees)**

**South Africa ❖ France ❖ Japan**

**(FREE MEETING REGISTRATION)**

🞎 I WILL ATTEND. I HAVE COMPLETED THE INFORMATION REQUESTED.

🞎 I WILL REQUIRE DOCUMENTATION FOR VISA PURPOSES. EMAIL VERIFICATION LETTER TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**WELCOME GUEST COUNTRIES:**

**Breakfast Symposium (Included in registration fees)**

🞎 Yes I will attend 🞎 No, I am unable to attend

**🞎 Resident’s & Fellows in Training Luncheon (Resident’s/Fellows in Training only) MUST REGISTER**

🞎 Yes I will attend 🞎 No, I am unable to attend

**🞎 Poster Presentation Wine & Cheese Reception –**

**(Included in Registration Fees / MUST be Registered to Attend**

🞎 Yes I will attend 🞎 No, I am unable to attend

**Please write legibly:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Early bird registration will be accepted by mail if postmarked by July 1, 2012. Registration received thereafter will be subject to full rate fees.**

REGISTRATION: (All events listed above are included in the registration fee listed below)

**Early Bird Registration: Fees prior to July 1, 2012 Registration Fees: After July 31, 2012**

🞎 Medical Students: $25.00 🞎 Medical Students: $50.00

🞎 ARS Resident’s/Fellow in Training: $50.00 🞎 ARS Resident’s/Fellow in Training: $75.00

🞎 Non-ARS Resident: $75.00 🞎 Non-ARS Residents: $100.00

🞎 ARS Affiliate Member $125.00 🞎 ARS Affiliate Member: $150.00

🞎 ARS Member: $150.00 🞎 ARS Member: $175.00

🞎 ARS International Members: $150.00 🞎 ARS International Members: $175.00

🞎 Non-ARS Member: $225.00 🞎 Non-ARS Member: $250.00

🞎 Allied Health (RN, PA): $100.00 🞎 Allied Health (RN, PA): $125.00

🞎 Retired Members: $100.00 🞎 Retired Members: $100.00

🞎 **Guest Country Attendee**: FREE 🞎 **Guest Country Attendee**: FREE

🞎 **NEW First Time** Attendee: FREE 🞎 **New First Time** Attendee: $125.00

(50% discount)

PAYMENT: **FAX REGISTRATION FORM TO: 845-986-1527 (CREDIT CARD PAYMENTS ONLY)**

**American Rhinologic Society, PO Box 495, Warwick, New York 10990 USA Tel: 845-988-1631 Fax: 845-986-1527**

🞎 Credit Card Information: 🞎 Master Card 🞎 Visa 🞎 American Express

🞎 Enclosed is a check made payable to the **American Rhinologic Society – Fall 2012**

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country:\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_