



CNS 3-D SURGICAL ANATOMY COURSE FOR SENIOR RESIDENTS COURSE APPLICATION GUIDELINES

August 12 – 15, 2010

St. Louis University School of Medicine Center for Anatomical Science and Education
Ritz-Carlton St. Louis ♦ St. Louis, Missouri

Course Application Deadline: Friday, May 28, 2010

- Registration is open to all residents in their last year of training in a U.S./Canadian neurological surgery training program. **Applicants must be members of the CNS.**
- Registration is limited and applications will be accepted on a first-come, first-served basis.
- **Only complete course applications will be considered and each application *must* be signed by the Program Director verifying applicant's status as a resident in the final year of training.**
- All requests must be made in writing or by fax through the CNS Headquarters. Course applications can only be accepted by mail or fax transmission using the CNS 3-D Surgical Anatomy Course Application; no email or telephone requests will be acknowledged or honored.
- Accommodations at the Ritz-Carlton St. Louis from August 11 – 15 are included with registration. Room and tax charges will be paid for by the CNS.
- Credit card information to cover incidentals must be provided. Residents are responsible for all other hotel expenses incurred during their stay (i.e., room service, mini bar, telephone calls, etc.).
- Please note: If a decision is made to not attend, it is the attendee's responsibility to contact the CNS directly. Should you cancel your attendance after you have booked your air travel, your credit card will be charged for the cost. Any hotel charges incurred due to cancellation, late arrival or no show will be billed to your credit card. **Any expenses incurred due to cancellation, no show or late arrival will be billed to the Resident.**
- All applicants will receive notifications of whether *or not* they have been accepted for this course.
- All attendees will receive expense forms with Course Application confirmation. All expense forms must be received within 30 days of the conclusion of the course with accompanying receipts.
 - Transportation to and from the airport will be reimbursed following the course.
 - Round-trip 14-day advance purchase economy airfare will be booked through the CNS's preferred travel agency and paid directly by the CNS.
 - Hotel room and tax charges will be paid directly by the CNS.
- Daily attendance will be taken and reported back to program directors at the conclusion of the course.

Congress of Neurological Surgeons
10 North Martingale Road, Suite 190
Schaumburg, IL 60173-2294
Toll Free: 877 517 1CNS
Fax: 847 240 0804



**CNS 3-D SURGICAL ANATOMY COURSE
FOR SENIOR RESIDENTS
COURSE APPLICATION**
August 12 – 15, 2010
St. Louis University School of Medicine Center for Anatomical Science and Education
Ritz-Carlton St. Louis ♦ St. Louis, Missouri

| REGISTRATION APPLICATION (Please print) | | | |
|---|--|-----|--|
| Full Name (First, MI, Last) | | | |
| Street Address | | | |
| City, State, Zip | | | |
| Residency Program | | | |
| Phone | | Fax | |
| Email | | | |

| HOUSING REQUEST | |
|--|--|
| <input type="checkbox"/> | Please reserve a room for me at the Ritz-Carlton, St. Louis for arrival on August 11, 2010 and departure on August 15, 2010. |
| Note: Room and Tax Charges will be paid for by the CNS. | |
| If a reservation is cancelled, it is the attendee's responsibility to contact the CNS directly to avoid cancellation charges. Should you cancel your attendance after you have booked your air travel, your credit card below will be charged for the cost. Any expenses incurred due to cancellation, no show or late arrival will be billed to the credit card noted below. | |
| <input type="checkbox"/> | SPECIAL NEEDS: I have special requirements: <input type="checkbox"/> Disability <input type="checkbox"/> Dietary <input type="checkbox"/> Other |

| CREDIT CARD INFORMATION (REQUIRED) | |
|------------------------------------|---|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS |
| Card Number: _____ | Expiration Date: _____ |
| Signature: _____ | Name as it appears on card: _____ <i>(Please print clearly)</i> |

| SIGNATURE | |
|------------------------------|---|
| _____ Applicant Signature | Signature indicates acceptance of the CNS policy above regarding air travel and/or hotel charges should applicant cancel participation. |

Only complete course applications will be considered and each application *must* be signed by the Program Director verifying applicant's status as a resident in the final year of training.

| PROGRAM DIRECTOR STATEMENT | |
|--|--|
| My signature serves as verification that _____ is a senior resident in the _____ _____ neurological surgery training program. | |

Print Name _____

Signature _____

This form must be received via fax or mail by May 28, 2010.
Congress of Neurological Surgeons
10 North Martingale Road, Suite 190
Schaumburg, IL 60173
Fax: 847 240 0804

| For Office Use Only | |
|---------------------|-------|
| Date Received | _____ |
| Code | _____ |