



Congress of Neurological Surgeons  
and  
European Association of Neurosurgeons

**INTERNATIONAL (EANS) RESIDENT COURSE APPLICATION**

**EANS/CNS Course on Neuro-Oncology**

Location: Pecs, Hungary

Dates: February 26 – March 1, 2012

**Application Deadline:** January 27, 2012

**APPLICATION (Please print).**

|                                |  |      |  |
|--------------------------------|--|------|--|
| Full Name<br>(First, MI, Last) |  |      |  |
| Street Address                 |  |      |  |
| City, State, Zip               |  |      |  |
| Residency Program              |  |      |  |
| Phone                          |  | Fax  |  |
| Email                          |  | Cell |  |

I understand that the residents' course fees, hotel accommodations, and group meals will be covered by the EANS. I understand that the residents are responsible for the cost of their own round trip flight to the course and back as well as other personal incidentals (i.e. ground transportation, gratuities, food and beverage related to travel, etc).

**SIGNATURE**

|                              |   |
|------------------------------|---|
| _____<br>Applicant Signature | Signature indicates acceptance of the above policy regarding air travel and/or other fees. Signature also indicates that if the Resident accepts one of the five resident slots for participation in the course, any cancellation fees will be the responsibility of the Resident and/or Residency Program. |
|------------------------------|---|

**PROGRAM DIRECTOR STATEMENT: Only complete course applications will be considered and each application *must* be signed by the Program Director verifying applicant's status as a mid-level or senior resident.**

My signature serves as verification that \_\_\_\_\_ is a qualified resident in the \_\_\_\_\_  
 \_\_\_\_\_ neurological surgery training program.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

**This form must be received via fax, email or mail by:  
 January 27, 2012**

Congress of Neurological Surgeons  
 10 North Martingale Road, Suite 190  
 Schaumburg, IL 60173  
 Fax: 847 240 0804  
 info@lcns.org

|                            |
|----------------------------|
| <b>For Office Use Only</b> |
| Date Received _____        |
| Code _____                 |