




INTERNATIONAL VISTA MEMBERSHIP APPLICATION

The Congress of Neurological Surgeons exists to enhance health and improve lives worldwide through the advancement of education and scientific exchange.

BENEFITS:

- Complimentary internet subscription to *NEUROSURGERY*[®], the official CNS journal.
- Complimentary internet subscription to *Operative Neurosurgery*, a supplement to *NEUROSURGERY*[®].
- Complimentary internet subscription to *Congress Quarterly*, the official CNS news magazine.
- Complimentary internet subscription to *Clinical Neurosurgery*.
- Opportunity to participate in the organization by volunteering on various CNS committees.
- Reduced registration fee for CNS Annual Meeting.
- Complimentary access to CNS University and other selected CNS educational publications and products.
- Reduced rate on  - An online self assessment, educational tool.
- Ability to manage your certificate of participation, member account and meeting participation via your online CNS Account.

REQUIREMENTS: Please note that to be eligible as a CNS International Vista Member, you must:

1. Reside and practice neurosurgery outside North America (the United States, its territories, Canada and Mexico).
2. Be a member of your local or regional Neurosurgical Society.
3. Attend a CNS Annual Meeting once every 10 years.

DUES:

The annual fee for CNS International Vista Membership is \$135 (U.S. currency) plus a one-time processing fee of \$25 (U.S. currency). After your application has been reviewed by the International and Membership Committees and approved by the CNS Executive Committee, a dues invoice will be sent to you. Please do not remit any money at this time.

Please type or print clearly in English and complete all items on the application and return to:

Congress of Neurological Surgeons
10 N. Martingale Road
Suite 190
Schaumburg, IL 60173 USA

E-mail: info@1cns.org
Fax: 001 847 240 0804
Phone: 001 847 240 2500

Checklist for the application:

- _____ Completed and signed application form
- _____ Society Verification Letter/Membership Certificate or two CNS members as references



INTERNATIONAL VISTA MEMBERSHIP APPLICATION

I. BIOGRAPHICAL

Name: Last _____ First _____ Middle _____

Citizenship/Nationality: _____ Date of Birth (MM/DD/YYYY): _____

E-MAIL: _____ Degree: _____

Organization: _____

Street Address: _____

Suite/Department: _____

City/State/Postal Code: _____

Country: _____

Phone: _____ FAX: _____

- No, do not display my email address in the CNS Online Member Directory.
- No, do not send me CNS product and service updates and information via email.

II. MEMBERSHIP IN LOCAL OR REGIONAL NEUROSURGICAL SOCIETY

Name of Local or Regional Society: _____

Address of Society: _____

Date of Membership: _____

III. ATTACH A COPY OF YOUR MEMBERSHIP CERTIFICATE OR LETTER OF VERIFICATION FROM THE SOCIETY, OR LIST TWO (2) REFERENCES THAT ARE MEMBERS OF THE CONGRESS OF NEUROLOGICAL SURGEONS. If you need assistance in choosing references, please contact Member Services at 001 847 240 2500 or email info@1cns.org:

Reference 1: Name: _____

Reference 2: Name: _____

Signature: _____ Date: _____

Please note: International Vista members will receive all CNS publications via Internet Access with your own unique user name and password which will be provided by the CNS. After your application has been reviewed by the International and Membership Committees and approved by the CNS Executive Committee, a dues invoice will be sent to you.

Please return the application and your Society membership certificate or a letter of membership verification to:

Congress of Neurological Surgeons
10 N. Martingale Road, Suite 190
Schaumburg, IL 60173 USA

Phone: 001 847 240 2500
Fax: 001 847 240 0804
E-mail: info@1cns.org



Education and Innovation

**CONGRESS OF NEUROLOGICAL SURGEONS
AUTHORIZATION AND RELEASE**

1. Authorization: I hereby authorize the Congress of Neurological Surgeons (hereinafter referred to as the “Congress”) and its board of directors, membership committee, professional conduct committee, or any of their employees and agents (each a Congress representative) to: consult or make inquiry of any physician, hospital, health system, medical school, medical training program, medical association, specialty board, licensing authority, professional liability insurance carrier, broker or agent, personal reference, individuals and/or organizations concerned with provider performance and the quality and efficiency of patient care, and individual or organization who has been associated with me and/or who has information bearing on my ability, training, education, professional ethics, character, emotional stability, professional liability experience, and other qualifications pertinent to membership in the Congress;

AND inspect and obtain copies of all records and documents that may be material to evaluating my professional qualifications, competence, ethical standards and practice patterns or otherwise related to qualifications pertinent to membership in the Congress.

2. Release: I hereby authorize and consent to the release of information by: each individual and organization who provides information to the Congress or its representative in good faith concerning my ability, training education, professional ethics, character, emotional stability, professional liability experience, and other qualifications pertinent to membership in the Congress, including otherwise privileged or confidential information;

AND the Congress and representatives to any physician, hospital, medical school, medical training program, medical association, specialty board, licensing authority, professional liability insurance carrier, broker or agent, personal references, and individuals or organizations concerned with provider performance and the quality and efficiency of patient care, any information relevant to such matters that the Congress or its representatives may have concerning me regarding my ability, training, education, professional ethics, experience and other qualifications pertinent to membership in the Congress.

3. Indemnification: I hereby discharge from any liability and agree to indemnify, defend and hold harmless from any liability (including reasonable attorney’s fees and expenses) all:

Individuals and organizations who provide information to Congress in good faith, including otherwise privileged or confidential information; and Congress and Congress representatives For their acts performed in good faith in connection with obtaining or providing information about me and evaluating my credentials and qualifications.

I hereby agree that no information obtained by the Congress or its representatives pursuant to any pre-application, application or re-application process shall be subject to discovery, subpoena or other means of legal compulsion for release by me or my agents.

4. Truth and accuracy of information: I hereby certify that all information submitted by me to the Congress (whether in an application, CV or otherwise) is true to my best knowledge and belief. I understand and agree

- (i) to update the Congress so that all information contained in my application for membership remains true at all times; and
- (ii) that providing false or misleading information shall be grounds for denial or termination of membership in the Congress without right to further process.

5. Membership Dues and Assessments: I hereby acknowledge financial responsibility to timely pay all membership dues and other financial assessments imposed on my by the Congress.

6. Membership Pledge: I pledge that at all times while I am a member of the Congress to uphold the ideals and goals of the Congress and to continuously strive to provide quality and efficient care to my patients in a cost effective manner.

A photocopy of this form shall suffice as an original for the purpose of authorizing release of information.

Signature

Date