

2009 Joint Meeting of the Society for Neuro-Oncology and the AANS/CNS Section on Tumors

REGISTRATION FORM

**Advance Registration Deadline:
September 23, 2009.**



American
Association of
Neurological
Surgeons



Please print or type:

LAST NAME FIRST NAME M.I. CREDENTIALS/DEGREE

ORGANIZATION/INSTITUTION

ADDRESS

CITY STATE ZIP CODE COUNTRY

PHONE FAX E-MAIL (REQUIRED TO RECEIVE CONFIRMATION)

SPOUSE/GUEST NAME (IF APPLICABLE: PLEASE PRINT NAME AS IT WILL APPEAR ON BADGE).

CHILD NAME(S) AND AGE

FOR RESIDENTS/TRAINEES REQUESTING REDUCED REGISTRATION FEES: NAME OF YOUR SUPERVISING FACULTY MEMBER OR PROGRAM DIRECTOR

SIGNATURE OF SUPERVISING FACULTY MEMBER OR PROGRAM DIRECTOR:

Please check here if under the Americans with Disabilities Act you may require special accommodations or services in order to attend. You will be contacted by a CNS representative.

Specialty:

- Basic Science Biostatistics Epidemiology Medical Oncology Neuro-Oncology Neurosurgery Nursing
 Pathology Pediatrics Psychology Radiation Oncology Radiology Other _____

Meeting Registration Fees	Prior to September 23	After September 23
Full Registration (Meeting and Education Day)		
RG03 – SNO/SOT Member Full Registration	<input type="checkbox"/> \$400	<input type="checkbox"/> \$425
RG07 – Resident/Trainee Full Registration	<input type="checkbox"/> \$90	<input type="checkbox"/> \$165
RG11 – Nurse/Allied Health Full Registration	<input type="checkbox"/> \$200	<input type="checkbox"/> \$275
RG15 – Non-Members Full Registration	<input type="checkbox"/> \$750	<input type="checkbox"/> \$825
Meeting Only		
RG02 – SNO/SOT Member Meeting Only	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
RG06 – Resident/Trainee Meeting Only	<input type="checkbox"/> \$65	<input type="checkbox"/> \$115
RG10 – Nurse/Allied Health Meeting Only	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
RG14 – Non-Members Meeting Only	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Education Day Only		
RG01 – SNO/SOT Member Education Day Only	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125
RG05 – Resident/Trainee Education Day Only	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50
RG09 – Nurse/Allied Health Education Day Only	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75
RG13 – Non-Members Education Day Only	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225
RG21 – Spouse/Guest	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
RG22 – Child (age 12 and under)	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Special Registration Rates - Available Before September 23!		
<i>Plan to attend both the Joint Meeting and the Congress of Neurological Surgeons Annual Meeting, which follows at the Ernest N. Morial Convention Center, and receive the following special registration rates for the Joint Meeting of the Society for Neuro-Oncology and the AANS/CNS Section on Tumors.</i>		
RG04 – SNO/SOT Member (Meeting Only)	<input type="checkbox"/> \$225*	
RG08 – Resident/Trainee (Meeting Only)	<input type="checkbox"/> \$50*	
RG12 – Nurse/Allied Health (Meeting Only)	<input type="checkbox"/> \$115*	
RG16 – Non-Member (Meeting Only)	<input type="checkbox"/> \$415*	
Total Registration Fees	\$ _____	

*In order to receive the special registration fees, you must register for the 2009 CNS Annual Meeting within three days of registering for the 2009 Joint Meeting of the Society for Neuro-Oncology and the AANS/CNS Section on Tumors.

Method of Payment – Note: Registrations will not be processed without a valid credit card or check.

Business or Personal Check – Check # _____
 Visa Master Card American Express

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

NAME (EXACTLY AS IT APPEARS ON CARD): _____

SIGNATURE: _____

(I authorize SNO/SOT Registration to charge my credit card for the total amount due and acknowledge the registration cancellation policies that are in effect.)

Payment Instructions
ONLINE – Visit www.cns.org/snosot and complete the online Advance Registration website using a credit card for payment. The online registration form is the most immediate and secure method of registration.
FAX – If you are paying by credit card, fax this form to 703 502 0257.
MAIL – Please make check payable in US dollars and drawn on a US bank to:
 SNO/SOT Registration Center
 11208 Waples Mill Road, Suite 112
 Fairfax, VA 22030

Registration Cancellation/Refunds
 Full registration refunds, less a \$100 processing fee, will be granted if written requests for cancellation are received by September 30. No refunds of any kind will be given after this date. Refunds will not be given for no-shows. Written requests may be e-mailed to snosot@jspargo.com, faxed to or mailed to 11208 Waples Mill Rd, Suite 112, Fairfax, VA 22030.

