



CNS

RESIDENT HOUSING APPLICATION

DEADLINE: Friday, July 1, 2016

San Diego Marriott Marquis

2016 CNS ANNUAL MEETING

September 24-28, 2016 ♦ San Diego, CA

RESIDENT HOUSING APPLICATION (Please print)

Form with fields: Full Name (First, MI, Last), Street Address, City, State, Zip, Residency Program, Gender (Male/Female), Phone, Fax, Email, Cell.

HOUSING REQUEST

Arrival _____ Departure _____

Double Occupancy Room shared with another CNS Resident Member (please select roommate preference below) \$ 0

SPECIAL NEEDS: Please identify:

I agree to share a hotel room with _____ during the CNS Annual Meeting (both occupants must submit housing forms together)

I understand the CNS will assign a Resident Member to share a room with me during the CNS Annual Meeting.

Single Occupancy Room (Or Shared with Spouse) \$ 112.32

Note: If you cancel or change your arrival or departure dates, it is your responsibility to contact the CNS directly to avoid cancellation charges. Any expenses incurred due to cancellation, no show, or late arrival will be billed to your credit card noted below. The subsidized housing benefit is available beginning with arrival on Friday, September 23, 2016 and departure, Thursday, September 29, 2016. To be granted a Friday or Saturday night hotel stay you must also be registered for a Practical Course or Symposia on the following day.

CREDIT CARD INFORMATION (REQUIRED)

VISA MASTERCARD AMERICAN EXPRESS

Card Number: _____ Expiration Date: _____

Signature: _____ Name as it appears on card: _____ (Please print clearly)

If you choose not to participate in the CNS Resident Member Housing Program, please utilize the housing section on the Advanced Registration Form to reserve your housing for the Annual Meeting. Please note that subsidized housing is only available at the San Diego Marriott Marquis and that we cannot guarantee subsidized housing to every CNS Resident Member who applies. If you request a reservation through the CNS Registration and Housing Center with a deposit and apply for the CNS Resident Housing Program, it is your responsibility to cancel your extra room and request a deposit refund if you are accepted.

SIGNATURE

I hereby release, and agree to defend and hold harmless, the CNS and any of its officers, agents, representatives, members or employees from any and all claims and liability arising or asserted at any time and of whatever nature or basis, for any loss or damage arising from, related to, or in any way connected with my attendance at or participation in the 2016 CNS Annual Meeting, including the assignment by the CNS Headquarters of a roommate for me during the Annual Meeting.

Applicant Signature

This form must be received via Email, Fax or Mail by July 1, 2016. Congress of Neurological Surgeons 10 North Martingale Road, Suite 190 Schaumburg, IL 60173 Email: meetings@cns.org Phone: 847 240 2500 Fax: 847 240 0804

For Office Use Only

Date Received _____ Member ID _____ Code # _____ Roommate _____

