



## RESIDENT HOUSING APPLICATION

DEADLINE: Friday, July 20, 2018  
Houston Marriott Marquis  
Houston, Texas  
2018 CNS ANNUAL MEETING

### RESIDENT INFORMATION (Please print clearly)

Full Name (First, MI, Last)			
Street Address			
City, State, Zip			
Residency Program	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Phone	Fax		
Email	Cell		

### HOUSING REQUEST (Please complete all areas)

Arrival \_\_\_\_\_ Departure \_\_\_\_\_

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

I agree to share a hotel room with \_\_\_\_\_  
during the CNS Annual Meeting (both Residents must submit housing  
applications together)

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

Single Occupancy Room (Or Shared with Spouse) \$78.98 per night

SPECIAL NEEDS: Please identify:

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, October 5, 2018 and departure, Wednesday, October 10, 2018. 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 Marriott Marquis Houston 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.

### ACCEPTANCE

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 2018 CNS Annual Meeting, including the assignment by the Marriott Marquis Houston of a roommate for me during the Annual Meeting.

Applicant Signature \_\_\_\_\_

This form must be received via Email, Fax or Mail by July 20, 2018. Congress of Neurological Surgeons  
10 North Martingale Road, Suite 190  
Schaumburg, IL 60173  
Email: [meetings@cns.org](mailto:meetings@cns.org)  
Fax: (847) 240-0805

For Office Use Only

Date Received \_\_\_\_\_

Member ID \_\_\_\_\_