



## RESIDENT HOUSING APPLICATION

DEADLINE: Friday, August 9, 2019

2019 CNS ANNUAL MEETING

San Francisco, California

### RESIDENT HOUSING APPLICATION (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) \$115.13 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 18, 2019 and departure, Wednesday, October 23, 2019. To be granted a Friday or Saturday night hotel stay you must also be registered for a 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 Francisco Marriott Marquis and the Westin St. Francis. 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 2019 CNS Annual Meeting, including the assignment of a roommate for me during the Annual Meeting. I have read and agree to adhere to the 2019 CNS Resident Housing Guidelines.

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

This form must be received via Email, Fax or Mail by August 9, 2019.

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 \_\_\_\_\_