

20TH INTERNATIONAL SYMPOSIUM ON RECENT ADVANCES IN OTITIS MEDIA

JUNE 9-13, 2019
LOEWS HOLLYWOOD HOTEL
1755 N. HIGHLAND AVE
LOS ANGELES, CA 90028

REGISTRATION

FIRST NAME MIDDLE INITIAL LAST NAME PROFESSIONAL DEGREE(S)

INSTITUTION/COMPANY DEPARTMENT JOB TITLE

ADDRESS

CITY STATE ZIP

PHONE FAX EMAIL

ADA/DIETARY

Please indicate if an ADA (Americans with Disabilities Act) accommodation is required. A staff person will contact you, if necessary.

- Audio
 Mobility
 Visual
 Other, please specify _____

Please let us know if you have a dietary restriction.

PRE-MEETING EMERGENCY CONTACT INFORMATION

Please let us know the best method to reach you prior to the meeting in case of an emergency, i.e. natural disaster, meeting cancellation, etc.

Mobile Email: _____

Mobile Phone: _____

Home Phone: _____



INTERNATIONAL SOCIETY FOR
OTITIS MEDIA

**A trainee is defined as an individual who is officially in training, such as a resident physician, or someone in a fellowship, graduate program, or post-doctoral program. Trainees should submit a letter verifying their educational status to registration@facs.org or fax to 312-202-5003 in order to receive the discounted registration rate.*

REGISTRATION FEES

	Early Bird Rate on or Before 03/30/19	Late Rate 03/31/19 - 06/8/19	Onsite Rate 06/9/19 - 06/13/19
ISOM MEMBER	\$825	\$875	\$900
NONMEMBER	\$900	\$950	\$975
TRAINEE*	\$425	\$475	\$500

OPTIONAL EVENTS

Lunch is included with registration. To help us ensure accurate food and beverage counts, please let us know which lunches you plan to attend.

Will you attend lunch on Monday?

Yes No

Will you attend lunch on Tuesday?

Yes No

Will you attend lunch on Wednesday?

Yes No

WELCOME RECEPTION

Will you attend the Welcome Reception on Sunday, June 9 from 6:00 - 8:00 pm?

Yes No

BANQUET

The ISOM Banquet will take place on Tuesday evening, June 11 at Madera Kitchen. Please select your total number of banquet tickets for purchase (\$135 each).

Please indicate the total number of banquet tickets you would like to purchase.

Qty: _____

TOTALS

Total Registration Fees: \$ _____

Total Banquet Fees: \$ _____

Total Fees: \$ _____

PAYMENT

Purchase orders and wire transfers are not accepted.

CHECK

Made payable to **ISOM** in U.S. dollars drawn on a U.S. bank.

CREDIT CARD

American Express MasterCard VISA

CARD NUMBER

EXP DATE CSC

NAME ON CARD

AUTHORIZED SIGNATURE

REGISTRATION SUBSTITUTIONS AND CANCELLATION POLICIES:

SUBSTITUTIONS: Substitution of one individual for another is not allowed.

MEETING CANCELLATION: Requests for refunds must be made in writing and received by ISOM Registration Services on or before Friday, May 17, 2019. There is a \$75 handling fee for ALL refunds and returned checks. Cancellations and registrations postmarked after the deadline date will not be eligible for refunds.

Registration Questions:
ISOM Registration Services
registration@facs.org
Phone: 312-202-5244
Fax: 312-202-5003

Mail Completed Registration Form To:

International Society for Otitis Media
ATTN: Registration Services
c/o American College of Surgeons
633 N. St. Clair St.
Chicago, IL 60611

Fax to: 312/202-5003