



**THE PITTSBURGH COURSE:
COMPREHENSIVE ENDOSCOPIC ENDONASAL SURGERY OF THE SKULL BASE
2020 Registration Request Form**

NAME (Given Name/Surname): _____

SPECIALTY (ENT/Neurosurgery): _____

NAME OF UNIVERSITY/HOSPITAL: _____

CURRENT POSITION/TITLE: _____

If resident, list current year of training

CITY: _____ STATE (US only): _____

COUNTRY (if outside of US): _____

PREFERRED EMAIL ADDRESS: _____

Please indicate below in order of preference (i.e. 1, 2) which course you would like to register for:

_____ **August 12-15, 2020**

Registration Category:

_____ Team (Teammate's Email Address: _____)
(Teams are preferred and given priority)

_____ Single but I am willing to be paired with another single registrant, should one be available, to form a team

_____ Single Registrant Only

_____ **September 30-October 3, 2020**

Registration Category:

_____ Team (Teammate's Email Address: _____)
(Teams are preferred and given priority)

_____ Single but I am willing to be paired with another single registrant, should one be available, to form a team

_____ Single Registrant Only

Please send completed form to Mary Jo Tutchko, Course Manager, via Email (skullbasecourse@upmc.edu) or Fax (001-412-647-2080). Requests will be reviewed in the order in which they are received.

Space is limited at each course. If we can accommodate you at the course of your choosing, you will receive an invitation and registration form by email. The registration form will need to be completed and returned together with payment in full within 30 days. Please do not book any travel arrangements until you have received an email confirmation of your registration.