## **REGISTRATION FORM**

2020: Three Rivers Otolaryngology Update March 27-28, 2020 Please type or print clearly; photocopy both sides of this form for additional registrants. No Registration Will Be Accepted Without Payment Attached. \*Last FIVE digits of Social Security Number: \_\_\_\_ \*required \*Prefix: o Mr. o Mrs. o Dr. o Ms. o Other, please indicate: \_\_\_\_\_ \*First Name: \_\_\_\_\_ This is how your name will appear \*Last Name: \_\_\_\_\_\_ on your name badge. \*required \*Suffix (Jr., Sr., etc...): Company/Institutional Affiliation: Specialty: \_\_\_\_\_ E-mail address: \*Degree: o MD o DO o Resident o PhD o MPH o RN \*required o Other, please indicate: \_\_\_\_\_ Address: City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_ Work Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ How did you hear about this conference?\_\_\_\_\_ □I require vegetarian lunch. □I require vegan lunch. □I require kosher lunch. □I have no special dietary requirements. **Registration Fees** \$250 Physicians, Nurses, and other health care professionals. Yes or No \_\_\_\_\_ Alumni Member Yes or No \_\_\_\_\_ Member **CENTS** (Community Ears Nose and Throat Specialists) \$125.00 Coding Personnel Tuition fee is waived for all residents, international visiting scholars and medical students registration is still required. Please indicate if you are a resident, international visiting scholars and medical students: Total Registration fee enclosed \$\_\_\_\_\_ PAYMENT MUST ACCOMPANY REGISTRATION. Method of Payment: Credit Card or Check or interdepartmental transfer. Name: \_\_\_\_\_ Card #: CVD #: \_\_\_\_\_ Expiration Date: Amt: \_\_\_\_\_

## Please make checks payable to **University of Pittsburgh**.

## Mail/Fax/E-mail Payment and Registration to:

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