

# 101st Annual Clinical Assembly of the AOCOO-HNS Foundation

May 10-13, 2017 • Red Rock Casino, Resort and Spa, Las Vegas, NV

## RESIDENT TRAVEL GRANT APPLICATION

Residents who submit this completed application by April 1, 2017 will be eligible to receive a resident travel grant for the 2017 Annual Clinical Assembly. The amount of the travel grant will be determined after all the applications have been received (up to \$300.00 per resident). Travel grant checks will be mailed to the individual resident following the ACA and documentation of attendance.

### REQUIREMENTS

All previous years of residency training must be reviewed and approved by the AOCOO-HNS Council of Medical Education.

Grant recipient must be an AOCOO-HNS resident member.

Complete and submit the official 2017 ACA "Registration Form" with the travel grant application.

Complete this Application Form (including both signatures of the resident and the program director).

Attend the Annual Clinical Assembly.

### RESIDENT

Yes, I plan to attend the 2017 Annual Clinical Assembly.

Note: If for some unexpected reason you are unable to attend, you **MUST** notify the College Office in writing of your attendance cancellation (email is acceptable - whitmer@aocoohns.org).

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

PRINT LEGIBLY THE ADDRESS WHERE YOUR TRAVEL GRANT CHECK SHOULD BE MAILED

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### PROGRAM DIRECTOR

Yes, \_\_\_\_\_ (print resident's name) has my endorsement to attend the 2017 Annual Clinical Assembly at the Red Rock Resort, Las Vegas, NV.

LEGIBLY PRINT PROGRAM DIRECTOR'S NAME \_\_\_\_\_

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Date

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**Please scan/email your applications to whitmer@aocoohns.org**  
Reminder: Residents must register for the ACA by using the attached ACA registration form.

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## ACA ATTENDEE REGISTRATION FORM

### Registration for NON-RESIDENTS

WEDNESDAY THROUGH SUNDAY (ACA Registration opens Wednesday, May 6th at 10:00am)

| QTY                                                                                            | If received on or before 3/1/2017 |                                                               | If received 3/2/2017 thru 4/4/2017 |                                                                      | If received after 4/4/2017 OR ACA Registration |          |
|------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------|------------------------------------------------|----------|
|                                                                                                | COST                              | enclosed                                                      | COST                               | enclosed                                                             | COST                                           | enclosed |
| _____ <b>AOCOO-HNS MEMBER/FELLOW</b>                                                           | \$895.00                          | \$_____                                                       | \$945.00                           | \$_____                                                              | \$995.00                                       | \$_____  |
| _____ <b>SENIOR OR RETIRED MEMBER</b>                                                          | \$447.50                          | \$_____                                                       | \$472.50                           | \$_____                                                              | \$497.50                                       | \$_____  |
| <i>Includes: 2 Opening Reception Tickets with Cash Bar</i>                                     |                                   | <b>2 President's Reception/Banquet Ticket (RSVP required)</b> |                                    | President's Reception/Banquet RSVP:                                  |                                                |          |
| Continental Breakfast Thursday—Saturday                                                        |                                   | Registration Packet and Educational Material                  |                                    | Yes, I plan to attend. _____ No, I will not be able to attend. _____ |                                                |          |
| Lunch Tickets for Thursday—Saturday                                                            |                                   | Complimentary wireless internet in conference area            |                                    | Number attending: 1 _____ 2 _____ More than 2 (how many) _____       |                                                |          |
| Coffee Breaks Thursday—Saturday                                                                |                                   |                                                               |                                    |                                                                      |                                                |          |
| _____ <b>GUEST ATTENDEE (D.O. OPH or ENT Non-Member)</b> <i>Includes: Same as listed above</i> | \$995.00                          | \$_____                                                       | \$1045.00                          | \$_____                                                              | \$1095.00                                      | \$_____  |
| _____ <b>GUEST ATTENDEE (Other Non-Member)</b> <i>Includes: Same as listed above</i>           | \$995.00                          | \$_____                                                       |                                    |                                                                      |                                                |          |

### EXTRA TICKETS

|                                     | QTY   | COST     | TOTAL   |
|-------------------------------------|-------|----------|---------|
| Opening Reception with Cash Bar     | _____ | \$85.00  | \$_____ |
| Banquet Reception/Ceremonial Dinner | _____ | \$145.00 | \$_____ |

### FOUNDATION CONTRIBUTION

Yes, I would like to include a contribution of:

\$100.00    \$250.00    \$500.00    \$750.00    \$1000.00

Other: \$\_\_\_\_\_

### TOTAL ENCLOSED

\$\_\_\_\_\_

### Registration for RESIDENTS

|                                                                                                      |                                                                |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| _____ <b>AOCOO-HNS RESIDENT*</b>                                                                     | <b>NO CHARGE</b>                                               |
| <i>Includes: 2 Opening Reception Tickets with Cash Bar</i>                                           | <b>RESIDENT TRAVEL GRANTS</b>                                  |
| Breakfast Tickets Thursday—Saturday                                                                  | Residents MUST register and attend the AOCOO-HNS               |
| Lunch Tickets for Thursday—Saturday                                                                  | Annual Clinical Assembly to receive the travel grant. Fill-out |
| Coffee Breaks Thursday—Saturday                                                                      | the bottom                                                     |
| Registration Packet and Educational Material                                                         | portion of this form. RESIDENTS MUST SUBMIT                    |
| Complimentary wireless internet in conference area                                                   | TRAVEL GRANT APPLICATION FORM SIGNED BY THE                    |
| (MUST purchase ticket for Banquet Reception/Ceremonial                                               | PROGRAM DIRECTOR.                                              |
| Dinner-RSVP Required, see above)                                                                     |                                                                |
| _____ <b>RESIDENT other specialty, Intern or student</b> <i>Includes: Same as AOCOO-HNS RESIDENT</i> | <b>NO CHARGE</b>                                               |

### BANQUET RECEPTION/CEREMONIAL DINNER TICKETS

|                                    | QTY   | COST    | TOTAL   |
|------------------------------------|-------|---------|---------|
| Ticket for Resident                | _____ | \$85.00 | \$_____ |
| Ticket for Resident's Spouse/Guest | _____ | \$85.00 | \$_____ |

*\*AOCOO-HNS resident membership status includes post-residency fellows.*

### RESIDENT TOTAL ENCLOSED

\$\_\_\_\_\_

### RETURN REGISTRATION FORM WITH YOUR CHECK OR CREDIT CARD INFORMATION TO:

AOCOO-HNS Foundation, 142 E. Ontario Suite #1500, Chicago, IL 60611

### METHOD OF PAYMENT:

Check payable: **AOCOO-HNS FOUNDATION**

Credit Card: VISA    MasterCard    Discover    AmericanExpress

Name \_\_\_\_\_ Acct. # \_\_\_\_\_  
 Address \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing address zip code \_\_\_\_\_  
 City \_\_\_\_\_ Signature \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ SPECIALTY (check appropriate or write in other)  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ AOA# \_\_\_\_\_ Ophthalmology    Otolaryngology    Facial Plastic Surgery  
 Email \_\_\_\_\_ Other Specialty \_\_\_\_\_

Guest rooms can be arranged by contacting The Phoenician reservations online at <https://aws.passkey.com/event/14791866/owner/57983/home> or by calling 866-767-7733 (Group Reference Code: RCIAOC). Rates per night are \$185.00\* plus a \$10.00 resort fee per night. Reservation deadline: April 14, 2017\*.

\*Reservations at the group rate cannot be guaranteed by the AOCOO-HNS.

**REFUND POLICY:** Cancellation for any reason must be submitted in writing (email is acceptable):  
 Before March 1, 2017 – full refund;  
 Before March 31, 2017 – refund less 10%;  
 Before April 15, 2017 – refund less 30%;  
 After April 15, 2017 – no refund.  
 Special circumstances are taken into consideration.