



World Federation of Neurosurgical Societies'

SPINE COMMITTEE, SECOND BI-ANNUAL CONFERENCE 2012

1 Registrant Information *(Please type or print legibly using one form per person.)* The name and address entered below will be used for CME Certificate.

FIRST/GIVEN NAME _____ LAST NAME _____ CREDENTIALS _____

BADGE NAME *(as you would like it to appear on your badge)* _____

INSTITUTION/HOSPITAL/OFFICE/COMPANY _____ NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER _____

MAILING ADDRESS _____ CITY _____ STATE/PROVINCE _____ COUNTRY _____ ZIP/POSTAL CODE _____

TELEPHONE *(If international please include country code)* _____ FAX _____ E-MAIL _____

2 Demographic Information Please help us collect accurate attendee demographics by answering the following questions. This information is required in order to process your registration.

Please indicate your practice setting:

(check one only)

- Private
- Full-time Academic
- Private (Academic Affiliate or Appointment)
- Other

Please indicate your professional level:

(check one only)

- Director/Department Head
- Other Senior Management
- Staff
- Resident
- Nurse/Nurse Practitioner/PA
- Other

Optional:

Gender: Male Female

Age:

- Under 35
- 35-45
- 46-55
- 56-65
- 66+

3 Registration

- Physician \$300
- Nurse/PA/Allied Health/Resident \$200

Register to attend both WFNS & the CNS Annual Meeting and save \$100 on your registration fees.

4 Payment

TOTAL \$ _____

Check: Full payment must accompany your registration form. Make check (U.S. Dollars drawn on a U.S. Bank) payable to: CNS Registration and Housing Center, 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030. *(Any checks received from an overseas bank will be returned. Any checks returned for insufficient funds are subject to additional charges.)*

Credit Card Authorization: Credit card will be charged immediately for registration fees. (U.S. Dollars drawn on a U.S. Bank)

CREDIT CARD NUMBER _____ EXPIRATION DATE (MONTH/YEAR) _____

NAME OF CARDHOLDER (PRINT) _____

BILLING ADDRESS (IF DIFFERENT THAN REGISTRANT) _____

SIGNATURE _____

By signing this form: I authorize the CNS Registration and Housing Center to charge my credit card for the total payment due, acknowledge that the registration cancellation policies are in effect and grant the CNS the right to use photos taken at the CNS Annual Meeting which include me in promotional materials for future meetings. These fees are subject to audit in case of error, the CNS Registration and Housing Center reserves the right to correct the error and charge the appropriate fees.

5 Return to CNS Registration and Housing Center

You may also register online at www.cns.org.

Fax:

703 502 0257 *(credit card only)*

Mail:

CNS Annual Meeting
CNS Registration and Housing Center
11208 Waples Mill Road, Suite 112
Fairfax, VA 22030

Registration Cancellation Policy

Full registration refunds, less a \$100 processing fee, will be granted if written requests for cancellation are received by 5:00 PM EST on September 13, 2012. No refunds of any kind will be given after this date, regardless of cause. Refunds will not be given for no shows. Written requests may be e-mailed to cns@jspargo.com, faxed to 703 502 0257 or mailed to CNS Annual Meeting Registration and Housing Center, 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030.