

(Resident/Fellow)

O Child (12 & Under)

\$0

\$0

2019 CNS ANNUAL MEETING **Registration Form**





Advance Registration Deadline: September 18, 2019

All meeting confirmations will be sent via e-mail.

REGISTRANT INFORMATION (Please type or print legibly using one form per person.)								
FIRST/GIVEN NAME			LAST NAME			CREDENTIALS		
BADGE NAME (as you would like it to appear	r on your badge)						
INSTITUTION/HOSPITAL/OFFICE/COMPANY						NATIONAL PROVID	DER IDENTIFIER (N	NPI) NUMBER
MAILING ADDRESS			CITY	STATE/F	PROVINCE	COUNTRY	ZIP/	POSTAL CODE
TELEPHONE (If international please include of	country code)		FAX	E-MAIL				
Furonean Union's General Data	Protection	Regulation (GDPR) Requirements:					
European Union's General Data Protection Regulation (GDPR) Requirements: Check here if you agree that the CNS can retain this information for the purposes of communication and service support set out in the CNS Privacy Policy. To view the Privacy Policy please visit https://www.cns.org/privacy-policy. Exhibitor E-mail/Phone Opt-out: Check here if you do not want your phone number encoded. Check here if you do not want your e-mail address encoded. Americans with Disabilities Act: Check here if you require special accommodations or services in order to attend. You will be contacted by a CNS representative. Special Dietary Restrictions: Vegetarian Kosher Other (Please Specify)								
DEMOGRAPHIC INFORMATI Please help us collect accurate a		mographics by an	swering the follow	ring questions. This	information is requ	uired in order t	o process yo	ur registration.
Please indicate your practice setting: (check one only) O Private Full-time Academic Private (Academic Affiliate or Appointment) Other	CerebroEndovaEpileps	scular y nent Disorders	ialty: (check all the O Peripheral O Skull Base O Spine O Trauma O Tumor O Other	Nerves (checonomics (checonomic	sident rse/Nurse Practitior	lead nent	Gender:	
REGISTRATION		RECEIVED ON OR	RECEIVED AFTER				VED ON OR	RECEIVED AFTER
CNS MEMBER MEDICAL REGISTRANT		BEFORE SEPTEMBER 18	SEPTEMBER 18	NON-MEMBER MEDIC			SEPTEMBER 18	SEPTEMBER 18
O Active (Domestic)		\$ 750	\$ 950	O Neurosurgeo			1000	\$ 1200
O International		\$ 750	\$ 950	O Physician (M		· · · · · · · · · · · · · · · · · · ·	1000	\$ 1200
O Associate		\$ 750 \$ 0	\$ 950 \$ 0	 Non-Physicia (Clinical Reserved) 	an earcher/Scientist)*	Ф	1000	\$ 1200
O Active Duty Military	- /D - ti \			Neurosurgeon (Faculty)		\$	850	\$ 1050
O Armed Forces (Guard/Reserve/Retiree) \$ 475 \$ 675			O Resident	on traduity/	<u> </u>	400	\$ 500	
Transitional (Residency GradResident (Domestic)	iuale)	\$ 750 \$ 150	\$ 950 \$ 250	O Fellow		<u> </u>	450	\$ 550
International Vista Resident		\$ 150	\$ 250	Medical Stud	lent		250	\$ 450
O Fellow (Domestic & Int'l.)		\$ 200	\$ 300	PA/Physician	Extender		600	\$ 800
O Senior		\$ 450	\$ 650	O Nurse		\$	600	\$ 800
O Medical Student		\$ 0	\$ 200	O Nurse Practitioner		\$	600	\$ 800
O Affiliate		\$ 350	\$ 550	Corporate Re	epresentative†	\$	1250	\$ 1450
Annate		φ 350	φ 550	ANSPA Mem	nber ^{††}	\$	575	\$ 675
				Program Cod		\$	0	\$0
					dent/Post-doctoral Sc		150	\$ 250
Non-Member categories ore oper *Non-member/non-physician categor †Corporate representatives attend for strictly prohibited. ††Includes one year of CNS Affiliate m	ry is limited to education or nembership ir cipal Investig	o scientists, engineers aly. They must not con a 2020 for ASPNA mer	etc. involved in neur duct sales activities i		or product developme	nt not affiliated v		0 , ,
PRINCIPAL INVESTIGATOR (PRINT OR TYPE								
PROGRAM DIRECTOR (PRINT OR TYPE NAM				PROGRAM DIRECTOR				
YES! I am interested in volur	nteering for	the CNS Sergeant	at-Arms Committ	ee. (Valid for reside	ents and fellows onl	y.)		
NON-MEDICAL REGISTRATI	ON	RECEIVED ON OR	RECEIVED AFTER					
O Spouse/Guest/Child 13 & Ov		\$ 0	\$ 150	SPOUSE/GUEST FULL	. NAME			
O Spouse/Guest/Child 13 & Ov		\$0	\$ 75					

SPOUSE/GUEST FULL NAME

SUBTOTAL REGISTRATION \$



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OCTOBER 19-23, 2019 SAN FRANCISCO, CALIFORNIA

HOTEL ROOM RATES	Single/Double Room Rate Only	Room Rate with local/state tax and fees*
O SAN FRANCISCO MARRIOTT MARQUIS – Headquarters Hotel	O \$ 395	\$ 459.19
O FOUR SEASONS HOTEL SAN FRANCISCO	○ \$ 509	\$ 592.93
O HILTON SAN FRANCISCO	O \$ 329	\$ 383.25
O INTERCONTINENTAL SAN FRANCISCO	O \$ 389	\$ 453.15
O PALACE HOTEL) \$ 445	\$ 518.38
O PAR 55 – A HILTON HOTEL	O \$ 329	\$ 383.25
O WESTIN ST. FRANCIS	O \$ 339	\$ 394.90

^{*}Tax rates subject to change.

HOTEL RESERVATIONS

OCTOBER 2019								
S	M	M T W T F S						
13	14	15	16	17	18	19		
20	21	22	23	24	25	26		

ARRIVAL DATE

DEPARTURE DATE

Special Requests O Two (2) Beds

O Crib (additional fee may apply)

O Rollaway bed (additional fee may apply)

Please note, CNS cannot guarantee bed type or special requests as this is subject to availability upon arrival at the hotel.

If your preferred hotel choice is not available, you will be contacted and confirmed into the next available hotel.

O Please check this box if you are interested in reserving a suite. (A CNS housing center representative will contact you regarding suite availability and rates. In the meantime, a standard room will be assigned.)

HOTEL CHANGE/CANCELLATION POLICY

Please Note: Each hotel has its own cancellation policy and some may charge an early departure fee. The individual hotel's policies will be listed in your e-mail confirmation. Any cancellations not made within the hotel's cancellation policy will result in forfeiture of your one night's room and tax deposit. The deadline date for new reservations based on availability is October 9, 2019. The hotel requires a deposit of one night's room and tax to reserve your room. Please continue to make any requests/changes by e-mailing cns@mcievents.com or calling 800-931-9543 through October 9, 2019. Beginning October 10, 2019, changes and cancellations must be made with your assigned hotel.

SUBTOTAL HOTEL DEPOSIT \$

If not registering for optional courses, skip to page 5 for payment.



FACULTY

2019 CNS ANNUAL MEETING **Registration Form**





- CNS Annual Meeting registration is required in order to purchase optional course tickets
- Register early to receive your preferred choice
- · All meeting confirmations will be sent via e-mail

COURSE DIRECTORS/FACULTY/MODERATORS: No one-day speaker badges will be issued. Full meeting registration fees apply from page 1. However, there will be no fee assessed for the course(s) in which you are participating. Please check the faculty box next to your course selection below.

	REGIST ST NAME	TRANT INFORMATION (Please type or print neatly in black ink.,		Please check one: Physician Nurse/NP/PA		
						Resident/Med Student
2	SYMP	OSIA				
Sa	turday, (October 19, 2019	Sı	ınday, Oct	ober 20, 2019	
ΑL	LL DAY 8:0	00 AM – 4:15 PM (Includes Lunch)	Al	LL DAY 8:00	AM - 4:15 PM (Includes Lunch)	
	Graduate HALF D	AY FEE: \$400 Physician \$300 Nurse/NP/PA \$175 Resident/Fellow/ e Student/Post-doctoral Scholar/Med Student AY FEE: \$250 Physician \$200 Nurse/NP/PA \$125 Resident/ raduate Student/Post-doctoral Scholar/Med Student		Graduate :	N FEE: \$400 Physician \$300 Nurse/l Student/Post-doctoral Scholar/Med S N FEE: \$250 Physician \$200 Nurse/ aduate Student/Post-doctoral Schola	Student NP/PA \$125 Resident/
)	SYM1	Spine Trauma and Spinal Cord Injury Symposium*	0		ANSPA Annual Meeting** 8:00 AM	1 – 4:15 PM
_	0) (1.10	8:00 AM – 4:15 PM	0	SYM11	Neurotrauma Update* 8:00 AM – 4	:15 PM
	SYM2	Functional Neurosurgery Update: Emerging Concepts 8:00 AM – 4:15 PM	0	SYM12	Advanced Techniques in Assessme Intracranial Aneurysms 8:00 AM –	
O	SYM3	Establishing Your Neurosurgery Career and Job Fair 8:00 AM – 4:15 PM	0	SYM13	Spine Biomechanics and Deformity 8:00 AM – 4:15 PM	Symposium
O	SYM4	Cerebrovascular Symposia: Stenting and Bypasses 8:00 AM – 4:15 PM	0	SYM13A	Spinal Biomechanics for the Practic Need to Know for my Practice 8:00	
O	SYM4A	New Era in Stenting 8:00 AM – 12:00 PM	0	SYM13B	Thoracolumbar Spinal Deformity for Surgeon 12:45 PM – 4:15 PM	
O	SYM4B	Bypass Techniques in Cerebrovascular Surgery 12:45 PM – 4:15 PM	0	SYM14	Advanced Functional Mapping and Neurosurgeon 8:00 AM – 4:15 PM	3D Anatomy for the
O	SYM5	Advanced Topics in Spinal Operative Techniques 8:00 AM – 4:15 PM	0	SYM14A	•	Area Tumors: Functional
O	SYM5A	Advanced Minimally Invasive Spine Surgery - Operative	0	SYM14B	3D Surgical Neuroanatomy 12:45 F	
	Nuances, Indications and Complication Avoidance 8:00 AM – 12:00 PM		_	SYM15	Emerging Technologies in Neurosu	
O	SYM5B		0	SYM15A	Intraoperative Technological Adjuntechniques for Laser Therapy, Robots: 00 AM –12:00 PM	
O	SYM6	Brain Tumor Update 8:00 AM – 4:15 PM	0	SYM15B	Virtual and Augmented Reality: Science Applications 12:45 PM – 4:15 PM	ence and Clinical
)	SYM6A	Brain Tumor Update: Advanced and Minimally Invasive	0	SYM16	Pain and Peripheral Nerve Sympos	ium 8:00 AM – 4:15 PM
		Techniques for Resection of Malignant Brain Tumors 8:00 AM – 12:00 PM	0	SYM16A	Non-spinal Targets for Pain: Nerve, 8:00 AM – 12:00 PM	DRG, and Brain
O	SYM6B	Brain Tumor Update: Benign Brain Tumors 12:45 PM – 4:15 PM	0	SYM16B	Peripheral Nerve Surgery: Techniqu 12:45 PM – 4:15 PM	ies and Exposure
)	SYM7	Morbidity and Mortality	0	SYM17	Quality Summit 8:00 AM – 4:15 PM	
	0) (1.10	8:00 AM – 12:00 PM	0	SYM17A	•	
	SYM8	Residency Program Update & Training the Trainers 12:45 PM – 4:15 PM	0	SYM17B	Using Big Data to Help Neurosurge 12:45 PM – 4:15 PM	ons and Their Patients
O	SYM9	Appropriate Coding, ICD and CPT 2019 Update 12:45 PM – 4:15 PM	0	SYM18	Morbidity and Mortality 8:00 AM -	
		12.40 IVI = 4. IO FIVI	\sim	C\/B/I10	NA NA/ + C - t 1 C 1t +t 1	and a final control of

SYM19

SYM20FACULTY

My Worst Spinal Complication: Lessons Learned

Modern Approaches to SRS 12:45 PM - 4:15 PM

12:45 - 4:15 PM

^{*}SANS Supplemental Exam is available for purchase with the course for an additional \$15 for members or \$25 for non-members.

^{**}Complimentary to registered ANSPA members, Nurse/PA registrants.



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4 LUNCHEON SEMINARS

Cost per Luncheon Seminar: \$95.

Discounted pricing of \$75 offered for resident/fellow/graduate student/post-doctoral scholar/medical student/advance practice provider. Ticket price will be applied based on your membership/registration status.

MONDAY, OCTOBER 21, 2019 12:15 – 1:45 PM	TUESD	AY, OCTOBER 22, 2019 12:15 – 1:45 PM	WEDNESDAY, OCTOBER 23, 2019 12:15 – 1:45
M01 Honored Guest Lunch (Complimentary to CNS Resident members)	O T11	Opioids, Non-opioids, and Neurosurgery	 W21 Middle Meningeal Artery Embolization for Subdural Hematoma Treatment
M02 So You've Been Sued Medical Practice 2019 Update	→ T12	Advocacy Carotid Artery Disease: Symptomatic/	 W22 Contemporary and Practical Management of an Enigmatic Process
) M03 Is Intracerebral Hemorrhage a Surgical Disease?	O T10	Asymptomatic/Stent/CEA	Cerebral Vasospasm (Delayed Cerebra Ischemia)
M04 Cervical Spondylotic Myelopathy -	T 13	Peak Performance: Optimizing the Spine Surgical Patient from Pre-op to Post-op	 W23 Novel Techniques for Management of Lumbar Spondylolisthesis
Anterior Versus Posterior* M05 Spinal Tumor Surgery: Case Based	T 14	Controversies in Spinal Deformity Surgery	W24 TBI in the Elderly
Management	T 15	Is There an Outcome Worse than Death:	W25 Neurosurgeon Entrepreneur
M06 Peripheral Nerve Entrapment		Outcome, Palliative Care and Ethical Considerations in Neurosurgical Care	 W26 Chiari Malformations
Syndromes: Diagnosis and Management*	O T16	Patient Specific Goal-directed Therapy	 W27 Clinical Trials in Epilepsy Surgery
M07 Neurocritical Care: A Multidisciplinary Collaboration		in TBI	 W28 Update on Diagnosis and Management of Low Grade Gliomas
) M08 Pediatric Concussion	O T17	Clinical Trials in Movement Disorder Surgery	W29 Advanced Imaging in Brain Tumors
) M09 Acoustic Neuromas: Current Management Strategies) T18	Management of Pituitary Adenomas and Parasellar Pathology	W30 Branding and Social Media
M10 Harnessing the Immune System to Treat Brain Tumors	T 19	Malignant Gliomas: Advances in Surgery and Adjuvant Therapy	○ FACULTY
FACULTY	→ T20	Beating Press Ganey	
71700211	O FACI	ULTY	
SANS Supplemental Exam is available for purchase with toon-members.	he course fo	or an additional \$15 for members or \$25 for	CUPTOTAL
ion-members. SANS Supplemental Exams may also be purchased separa	telv without	having to attend the live course (see page 5).	SUBTOTAL LUNCHEON SEMINARS S
	,		·
DINNER SEMINARS ost per Dinner Seminar: \$190			
SATURDAY, OCTOBER 19, 2019 6:30 – 8:30 PM	MOND	AY, OCTOBER 21, 2019 7:30 – 9:30 PM	TUESDAY, OCTOBER 22, 2019 7:30 – 9:30
DIN1 How Do I Avoid Getting Penalized –	O DIN2	Multi-modality AVM Treatment in the	O DIN4 Advances in LITT
ICD-10, CPTs, MACRA, ACOs and APMs?	<u> </u>	Past, Present, and Future	<u> </u>

ODIN3 Navigation and Robotics: Fad or Future?

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6 SANS SUPPLEMENTAL EXAMS

Continue your education after the Annual Meeting and earn one hour of additional CME credit with SANS Supplemental Exams! The supplemental exams for each of the following courses are available for only \$15 for members and \$25 for non-members. Any Annual Meeting attendee can purchase these exams, regardless of attendance at the live courses.

7 P	AYMENT		·	
		SUBTOTAL SA	NS EXAM	s \$
0	M06	SANS Peripheral Nerve Entrapment Syndromes: Diagnosis and Management	\$15	\$25
0	M04	SANS Cervical Spondylotic Myelopathy - Anterior Versus Posterior	\$15	\$25
0	SYM14A	SANS Surgical Management of Eloquent Area Tumors: Functional Mapping and/or Navigation	\$15	\$25
0	SYM11	SANS Neurotrauma Update	\$15	\$25
0	SYM1	SANS Spine Trauma and Spinal Cord Injury Symposium	\$15	\$25
			MEMBER	NON-MEMBER

PAYMENT				
Subtotal Registration	\$		Authorization : Credit card will drawn on a US bank)	be charged immediately for registration fees.
Subtotal Hotel Deposit	\$	O Visa	American Express	MasterCard
Subtotal Symposia	\$	J 1.00		<u> </u>
Subtotal Luncheon Seminars	\$	CREDIT CARD NUM	IBER	EXPIRATION DATE (MONTH/YEAR)
Subtotal Dinner Seminars	\$	NAME OF CARDHO	LDER (PRINT)	
Subtotal SANS Exams	\$			
TOTAL	\$	BILLING ADDRESS	(IF DIFFERENT THAN REGISTRANT)	
Chack: Full navment must acc	company your	SIGNATURE		

registration form. Make check (US Dollars drawn on a US Bank) payable to: CNS Annual Meeting Registration and Housing Center, 6100 W. Plano Pkwy, Suite 3500, Plano, TX 75093. (Any checks received from an overseas bank will be returned. Any checks returned for insufficient funds are subject to additional charges.)

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 CNS 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 and in case of error, the CNS Registration and Housing Center reserves the right to correct the error and charge the appropriate fees.

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 CT on September 25, 2019. 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 emailed to cns@mcievents.com, faxed to 972-349-7715, or mailed to the CNS Annual Meeting Registration and Housing Center, 6100 W. Plano Pkwy, Suite 3500, Plano, TX 75093.

3 RETURN TO CNS REGISTRATION AND HOUSING CENTER You may also register online at www.cns.org.

Fax: 972-349-7715 (credit card only) **CNS Annual Meeting** CNS Registration and Housing Center 6100 W. Plano Pkwy, Suite 3500 Plano, TX 75093