



# 2016 MNNS ANNUAL MEETING

## October 7-9, 2016

### Registration Form



**Registrant Information (The name and preferred address entered below will be used for the CME Certificate.)**

First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Degree(s) (MD, MD/PhD, PA, etc.) \_\_\_\_\_

Medical Specialty \_\_\_\_\_ Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Work**  Check here if this is your preferred address.

Institution Name \_\_\_\_\_

Department, Street Address, City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

**Home**  Check here if this is your preferred address.

Street Address, City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

I/we are planning to attend. Please indicate total number attending, *including guests*.

Number attending	Event
	<b>Friday Welcome Reception</b> at THE SAINT PAUL HOTEL
	<b>Saturday Annual Meeting</b> at THE SAINT PAUL HOTEL
	<b>Saturday Dinner</b> at the Pazzaluna Urban Italian Restaurant
	<b>Sunday Business Session</b> at THE SAINT PAUL HOTEL

I need the following special accommodations or dietary needs: \_\_\_\_\_

My guest needs the following special accommodations or dietary needs: \_\_\_\_\_

Registration Fee: \$200 – Attending physicians & other practitioners  
Free – Residents & retired physicians

Dinner Guest Fee: \$100 – Attending physician & other practitioners' guests  
Free – Resident guests

I intend to present a poster at the Friday reception. My poster title is \_\_\_\_\_

A block of 8 rooms has been reserved at THE SAINT PAUL HOTEL. Please make your room reservations with the hotel (1-800-292-9292) by **September 8, 2016** to receive the \$184/night room rate.

The **meeting registration deadline is September 16, 2016**. Please make your checks payable to the *Minnesota Neurosurgical Society* and mail to: Michelle J. Clarke, M.D., Mayo Clinic, Neurosurgery, 200 First Street SW, Rochester, MN 55905. **Disclosure forms for poster and abstract presenters are due July 19<sup>th</sup>.**