



Association for Research in Otolaryngology
43rd Annual MidWinter Meeting
January 25-29, 2020
San Jose McEnery Convention Center
San Jose, California

REGISTRATION FORM

I. PERSONAL INFORMATION Please Print Clearly--Abbreviate if Necessary

First-Time Attendee: Yes No

Last (Family) Name _____ First Name _____

Dept. _____ Institution _____

Street Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Phone _____ Fax _____

Email address _____

II. MEETING REGISTRATION

	<u>On or Before</u> <u>December 6, 2019</u>	<u>After December 6, 2019</u> <u>and On Site</u>
<input type="checkbox"/> Member	\$300.00	\$355.00
<input type="checkbox"/> spARO Member (Student/Trainee)	\$120.00	\$145.00
<input type="checkbox"/> Non-Member	\$520.00	\$619.00
<input type="checkbox"/> Non-Member (Student/Trainee)*	\$220.00	\$265.00

Registration Fee \$ _____

* Signature **REQUIRED**: Program Director/Dept. Chair _____

Print Name _____ Institution _____

Additional Fees

\$20.00 Abstract Book USB Format **Abstract Book** \$ _____

\$ _____ Registration Fee TOTAL

If you need special assistance, please check box _____

Check this box if you would like assistance with captioning, assistive listening devices, and other accessibility services for those with hearing impairment/deafness at the ARO meeting.

Special Note to the Disabled: ARO wishes to take steps to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids or services. If you should need any auxiliary aids or services identified in the Americans with Disabilities Act, or any assistance in registering for this meeting, please contact the ARO Meetings Department at (856) 423-0041, or by fax at (856) 423-3420. You may write to ARO Meetings Department, 19 Mantua Road, Mt. Royal, NJ 08061.

Registrant's Name: _____

III. MEMBERSHIP DUES

<input type="checkbox"/> New (Member Year: January 2020-December 2020) - A CV must accompany this form. -*Associate membership applicants must provide proof of training.	<input type="checkbox"/> Regular (\$120) <input type="checkbox"/> Associate (\$50)*
<input type="checkbox"/> Renew (Member Year: January 2020-December 2020; unless membership is lapsed) -Lapsed members must include the \$50.00 reactivation fee as part of total costs.	<input type="checkbox"/> Regular (\$120) <input type="checkbox"/> Associate (\$50)

This application must be signed by two Regular Members of ARO in good standing. In signing, the sponsor agrees to support the applicant's membership and to serve as the applicant's reference if requested. If ARO members are not available in your home country, please contact ARO Executive Office at +1 856-423-0041 or email headquarters@aro.org for more assistance.

1. Sponsor (print) _____ Signature _____
Address _____

2. Sponsor (print) _____ Address _____
Signature _____

\$ _____ Membership Fee TOTAL

Applicant Signature: _____ Date: _____

IV. METHOD OF PAYMENT FOR REGISTRATION FEES AND MEMBERSHIP DUES

Note: Registration and/or Membership fees will appear as "ARO CC".

If you fax your registration form, **DO NOT** send the original form by mail. Doing so may result in duplicate charges to your credit card!

If Paying by Check: Make check payable to ARO, in U.S. Dollars and issued by a U.S. Correspondent Bank. Each registrant is responsible for any and all bank charges. Check with your local bank before processing payment. A \$50.00 processing fee will be charged for all returned checks. **Please fill out a separate check for membership fees, and make payable to ARO.**

Registration/Cancellation Policy: Your registration will be confirmed in writing within two weeks of receipt of payment. If confirmation is not received by that time, please call (856) 423-0041 opt. 3. If you must cancel your registration, all requests must be received in writing to ARO Registration, meetings@aro.org, no later than Friday, December 20, 2019. All fees paid will be refunded minus a \$50.00 processing fee. **There will be no refunds after the Friday, December 20, 2019 deadline.**

METHOD OF PAYMENT

CHECK (U.S. Currency drawn on U.S. Bank payable to ARO Registration)

VISA **MASTERCARD** **AMERICAN EXPRESS**

Registration Fees	\$ _____
Membership Dues	\$ _____

TOTAL AMOUNT \$ _____

Credit Card # _____ Exp. Date: ____/____/____ CVV: _____

Name on Card _____

Authorized Signature _____

ARO reserves the right to charge the correct amount registration sum if different from the above noted.

2020 ARO MWM PRE-MEETING QUESTIONNAIRE

(Please Return with Registration Form)

*The following information is needed for reporting purposes for ARO's NIH funding grant.

Your participation in this survey is greatly appreciated.

1. Gender: Male Female
2. Age: 18-21 22-30 31-40 41-50
 51-60 61-65 65+
3. Race (select all that apply): American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander Hispanic or Latino Caucasian
4. Are you disabled? Yes No
5. Do you consider yourself primarily a (choose only one):
 Administrator Clinician Clinician - scientist Clinician - investigator
 Post Doc Researcher Resident Student
 Teacher Technician Other _____
6. Degree: MD MD, PhD PhD Other _____
7. My primary areas of interest are (select one or more):
 Auditory (CNS) Auditory (Inner Ear/Neural) Auditory (Outer/Middle Ear)
 Auditory Neuroscience Biochemistry Chemical Senses (Smell/Taste)
 Developmental Biology Genetics Immunology
 Laryngology Otology / Neurotology Pathology
 Pharmacology Psychophysics Speech / Voice
 Vestibular
 Other: _____
10. If you are not an ARO member, what are the major reasons for not joining ARO?
 Financial burden Few obvious benefits of membership
 Already a member of many societies Have only just begun attending ARO meetings
 Do not often attend ARO Meetings Forgot to renew
 It takes too long to both register and join Other (please specify) _____

11. Of the past five ARO meetings how many have you attended?
 0 1 2
 3 4 5
12. Would you be interested in participating in the ARO-spARO Mentorship Program? Yes No

Please add your comments and suggestions: _____

Please return completed Registration Form with payment to:

ARO Registration, 19 Mantua Road, Mt. Royal, NJ 08061
or return via fax to (856) 423-3420.

If you choose to fax your registration, **DONOT** send the original form by mail.