



Association for Research in Otolaryngology
42nd Annual MidWinter Meeting
February 9-13, 2019
Baltimore Marriot Waterfront Hotel
Baltimore, Maryland

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

Table with 3 columns: Registration Category, On or Before December 12, 2018, After December 12, 2018 and On Site. Rows include Member, spARO Member (Student/Trainee), Non-Member, Non-Member (Student/Trainee)*, and Registration Fee.

* Signature REQUIRED: Program Director/Dept. Chair

Print Name Institution

Additional Fees

\$20.00 Abstract Book USB Format Abstract Book

Registration Fee TOTAL box

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.

Registrant's Name: _____

III. MEMBERSHIP DUES

| | |
|---|--|
| <input type="checkbox"/> New (Member Year: January 2019-December 2019) - 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 2019-December 2019; unless membership is lapsed) -Lapsed members must include the \$25.00 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, January 11, 2019. All fees paid will be refunded minus a \$50.00 processing fee. **There will be no refunds after the Friday, January 11, 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.

2019 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: _____
8. Are you planning to stay at the host Hotel? (Baltimore Marriott Waterfront) Yes No
9. If not, will you be reserving a room online? Yes No
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, **DO NOT** send the original form by mail.