

RESIDENT HOUSING APPLICATION DEADLINE: Friday, July 15, 2022

2022 CNS ANNUAL MEETING San Francisco, CA

| RESIDENT HOUSING APPL | ICATION (Please print clearly) | | | | |
|--|--------------------------------|--------|---------------|-----------------|--|
| Full Name (First, MI, Last) | | | | | |
| Street Address | | | | | |
| City, State, Zip | | T- | | | |
| Residency Program | | Gender | ☐ Male | Female | |
| Phone | | Fax | | | |
| Email | | Cell | | | |
| HOUSING REQUEST (Please complete all areas) | | | | | |
| | | | | | |
| Arrival Departure Double Occupancy Room shared with another Resident \$ 0 | | | | | |
| I understand the CNS will assign a Resident of the same gender to share a room with me during the CNS Annual Meeting. | | | | | |
| Single Occupancy Room (Or Shared with Spouse) \$147.22 per night | | | | | |
| If you are accepted into the CNS Resident Housing program, a representative from the CNS housing bureau will contact you to collect your credit card information. You are required to provide your credit card to guarantee the reservation, failure to do so could result in the forfeiture of your resident housing reservation. | | | | | |
| Note: If you cancel or change your arrival or departure dates, it is your responsibility to contact the CNS directly to avoid cancellation charges. Any expenses incurred due to cancellation, no show, or late arrival will be billed to your credit card. | | | | | |
| The subsidized housing benefit is available beginning with arrival on Friday, October 7, 2022, and departure, Wednesday, October 12, 2022. To be granted a Friday or Saturday night hotel stay you must also be registered for a Symposia on the following day. | | | | | |
| | | | | | |
| If you choose not to participate in the CNS Resident Member Housing Program, please utilize the housing section on the Advanced Registration Form to reserve your housing for the Annual Meeting. Please note that subsidized housing is only available at designated hotels, and that we cannot guarantee subsidized housing to every CNS Resident Member who applies. If you request a reservation through the CNS Registration and Housing Center with a deposit <i>and</i> apply for the CNS Resident Housing Program, it is your responsibility to cancel your extra room and request a deposit refund if you are accepted. | | | | | |
| ACCEPTANCE | | | | | |
| I hereby release, and agree to defend and hold harmless, the CNS and any of its officers, agents, representatives, members or employees from any and all claims and liability arising or asserted at any time and of whatever nature or basis, for any loss or damage arising from, related to, or in any way connected with my attendance at or participation in the 2022 CNS Annual Meeting, including the assignment of a roommate for me during the Annual Meeting. | | | | | |
| Applicant Signature | | | | | |
| This form must be received via Er | | | For | Office Use Only | |
| Congress of Neurological Surgeons 10 North Martingale Road, Suite 190 | | | Date Received | | |
| Schaumburg, IL 60173 Email: meetings@cns.org | | | Member ID | | |
| | | | | | |