

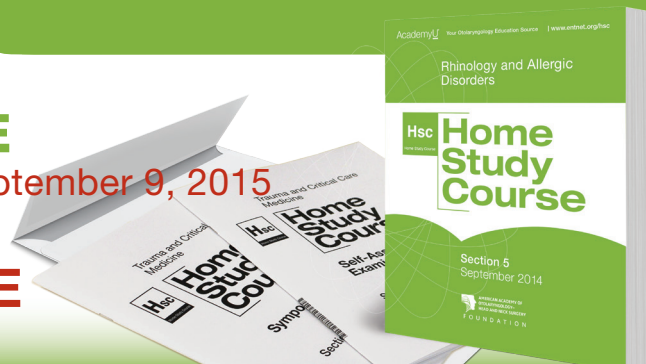
Hsc

Home Study Course

2015 HOME STUDY COURSE

Registration deadline September 9, 2015

Sign up before August 5 to SAVE



For more Home Study Course information:

www.entnet.org/hsc

Early registration savings up to 40% available until August 5, 2015

Registration fee is based on AAO-HNS membership status at the time form is received.

Payment must be received by September 9, 2015, to receive 2015-2016 courses. First packet beings mailing in late August.

PRACTICING PHYSICIANS & ALLIED HEALTH PROFESSIONALS

PRICES	Member		Non-member		Total
	Early (By Aug.5)	Regular	Early (By Aug.5)	Regular	
One Year	<input type="checkbox"/> \$505	<input type="checkbox"/> \$720	<input type="checkbox"/> \$720	<input type="checkbox"/> \$1,025	\$
			Airmail fee*		\$
TOTAL					\$

OTOLARYNGOLOGY RESIDENTS

RESIDENT PRICES	Resident Member		Resident Non-member		Total
	Early (By Aug.5)	Regular	Early (By Aug.5)	Regular	
One Year	<input type="checkbox"/> \$355	<input type="checkbox"/> \$505	<input type="checkbox"/> \$505	<input type="checkbox"/> \$720	\$
			Airmail fee*	\$	
TOTAL					\$

*Registrants outside U.S. add **AIRMAIL FEE** of **\$120 for one year.**

Mail or fax your order with full payment to:

AAO-HNSF
PO Box 418546
Boston, MA 02241-8546

Fax credit card orders: 1-703-519-1570

For more information, call: 1-703-535-3772
or email: amcdowell@entnet.org



**AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY**

FOUNDATION

Empowering physicians to deliver the best patient care

Address Information

☐ New address for HSC ONLY

☐ New address for ALL Academy correspondence

Your Home Study Course (HSC) and all other AAO-HNS/F publications will be mailed to the same address.

First Name _____ Family/Last Name _____ Degree (MD, DO, PhD) _____

AAO-HNS ID# (Please note that an AAO-HNS ID# does not automatically signify membership.) _____

Address _____

Address (No P. O. boxes, please) Suite/Room _____

City _____ State/Province _____

ZIP+4/Postal Code _____ Country _____

Phone/Extension _____ Fax _____ Email _____

Online Exam

Email Required _____

Present Position

☐ Resident in Otolaryngology-HNS

(Copies of your examination profiles will be sent to your program director)

Institution _____ Program Year _____ Program Director _____

☐ Practicing Otolaryngologist

☐ Other (specify) _____

Payment

Enclose your check or complete credit card information below. Checks must be in U.S. dollars drawn on a U.S. bank. Credit card orders only can be faxed to 1-703-519-1570.

☐ Check #: _____ ☐ VISA ☐ MasterCard ☐ American Express

Account #: _____ Exp. Date: _____

Authorized Signature: _____

To receive the first session on time, registration with payment must be **RECEIVED** by August 5, 2015. Registration closes September 9, 2015. A \$200 registration penalty will be applied to all registrations after September 9, 2015.