



# INTERNATIONAL CORRESPONDING SOCIETY

## International Corresponding Society (ICS) Contact Form

Fostering a global otolaryngology–head and neck surgery community is an important aim of the AAO-HNSF. In this spirit, the AAO-HNS/F established the International Advisory Board (IAB), an all-new representative body designed to provide international members with an unprecedented platform to interact with the Academy.

The IAB serves as a “voice” of international otolaryngologist—head and neck surgeons, comprising an Executive Committee and General Assembly. The IAB counsels Academy leadership on AAO-HNSF engagement with the global community of otolaryngologist–head and neck surgeons.

The Executive Committee, which oversees the IAB, includes the IAB Chair, IAB Chair-elect, Immediate IAB Past Chair, AAO-HNSF Coordinator for International Affairs, AAO-HNS/F Past President, and AAO- HNS/F Executive Vice President/Chief Executive Officer. The General Assembly convenes at every AAO-HNS/F Annual Meeting & OTO Experience and is composed of representatives from International Corresponding Societies (ICS) and a select number of At-Large Representatives for areas of the world underrepresented by formal otorhinolaryngology entities. As an ICS, you automatically receive a seat on the General Assembly.

Please take a moment to complete this ICS contact form and give us a better understanding of your Society. On behalf of the AAO-HNSF, we welcome you to the IAB and look forward to taking our collaboration to the next level!

### 1. General Information

Official Name of the Organization:

Name of the Organization in English:

Address:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

### 2. Contact Information

Telephone (*with country code*):

Fax (*with country code*):

Primary Contact Email Address:

Website:

### 3. Society Leadership: President

Name:

Surname:

Title:

Email:

Term of Office:

Submit your contact form to [International@entnet.org](mailto:International@entnet.org)



# INTERNATIONAL CORRESPONDING SOCIETY

## 4. Society Leadership: Officer I

Name:

Surname:

Email:

Title:

Term of Office:

## 5. Society Leadership: Officer II

Name:

Surname:

Email:

Title:

Term of Office:

## 6. Society Leadership: Officer III

Name:

Surname:

Email:

Title:

Term of Office:

## 7. Please Designate a Representative to the IAB (*must be a member of the AAO-HNS*)

Name:

Surname:

Email:

Title:

## 8. Membership

Number of Society Members:

## 9. Upcoming Society Event (*if applicable*)

Name:

Dates:

Website:

## 10. Upcoming Society Event (*if applicable*)

Name:

Dates:

Website:

## 11. Are you interested in conducting a Joint Meeting with the AAO-HNSF?

Yes  No

Submit your contact form to [International@entnet.org](mailto:International@entnet.org)