



2007 Joint Arkansas/Missouri Otolaryngology Conference
October 12-14, 2007



Registration Form

Please Print

Name _____
 Corporate Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Office Phone _____ Fax _____
 E-Mail _____

Attendee Type (check one)
Physician _____
Exhibitor _____
Speaker _____
Other _____

Please indicate approximate arrival and departure times:	
Arrival Date: _____ Time: _____	Departure Date: _____ Time: _____

Please select the events you plan to attend:	Indicate number of attendees	
	Adults	Children
Friday Evening Reception/Dinner, 6:30 p.m.	_____	_____
Saturday Seminar, 7:30 a.m. - Noon	_____	_____
Arkansas Business Meeting & Luncheon, Noon	_____	_____
Missouri Business Meeting & Luncheon, Noon	_____	_____
Golf Tournament, 2:00 p.m. (tentative)	_____	_____
Dogwood Canyon Tour & Dinner, 5:30 p.m.	_____	_____
Dogwood Canyon DINNER ONLY, 6:15 p.m.	_____	_____
Sunday Seminar, 7:30 a.m. - 11:30 a.m.	_____	_____

Registration Fee (Payable to MSO-HNS)

- ___ Missouri Society Member (\$50 for members in good standing – dues paid in full; else \$100)
- ___ Arkansas Society Member (\$50)
- ___ Nonmember (\$100)

This is a non-refundable registration fee per medical professional. Resident/trainees fees are waived. Please mail this form along with appropriate registration fee to:

MSO-HNS
 c/o Susan Starbuck, Executive Director
 308 Sandalwood Drive
 Waterloo, IL 62298
 Phone: 314-454-6005 Fax: 618-939-8089

Registration form and fee are due by September 12, 2007
 (Please complete the Big Cedar Lodge Accommodation Request form for lodging.)