



AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY/FOUNDATION

Specialty Physicians Dedicated to the Quality Care of Patients with Allergic Disease

11130 SUNRISE VALLEY DRIVE, SUITE 100 Reston, VA 20191 202/955-5010 PHONE 202/955-5016 FAX WWW.AAOAF.ORG

Training Program Sponsored Resident Education Forum Nomination Form Four Seasons Resort and Club Dallas at Las Colinas | Dallas, Texas February 23–24, 2018

Training programs can register additional residents to attend the Resident Education Forum at the 2018 Interactive Allergy & Rhinology Course. Price options include course registration and hotel accommodations:

- ✓ \$615 per resident for course registration and a single hotel room for 2/23
- ✓ \$325 per resident for course registration and hotel if individuals can share a room on 2/23
- ✓ \$250 per resident (optional) to register for the Sunday rhinology course and hotel room on 2/24
- ✓ \$199 per night if booking hotel through the AAOA with a credit card; or \$239 if booking direct with hotel
- ✓ Training Program Sponsored residents are responsible for their own transportation, lodging, and all incidental expenses.

Nomination Deadline: December 15, 2017

A resident must be a member of the AAOA or a candidate for membership to qualify. If the nominee is *not* a member, please complete the AAOA membership application and return it to the AAOA along with this completed nomination form and letter of recommendation from the Training Program Chair or Director.

We accept credit card payment for the \$45 member application fee. Please call the AAOA at 202-955-5010 ext. 300 to make your payment over the phone. You can mail your materials to the AAOA, but please know this will add approximately two weeks to the entire process. E-mail and fax are advised.

Each resident is responsible for any costs incurred due to a change or cancellation of their travel reservations. **The AAOA is not responsible for fees associated with transportation changes or cancellations due to inclement weather.** Residents must notify the AAOA of any changes to their itinerary or lodging arrangements 48-hours in advance.

Residency Program: _____

Name of Nominated Resident (*please print*): _____

E-Mail Address of Nominated Resident: _____

Cell Number: _____

Shared Room (\$325): _____ Single Room (\$615): _____

Optional Rhinology Course (additional \$250/person): Yes: _____ No: _____

Name of Department Chair/Training Program Director (*please print*): _____

Signature of Department Chair/Program Director: _____

Date: _____

PLEASE RETURN THIS NOMINATION FORM, LETTER OF RECOMMENDATION, AND PAYMENT (IF APPLICABLE) TO:

E-mail: aaof@aaof.org

Fax: 202-955-5016 - Pay by CC by calling: 202-955-5010

AAOA 11130 Sunrise Valley Drive, Suite 100 Reston, VA 20191