



**THE PITTSBURGH COURSE:
COMPREHENSIVE ENDOSCOPIC ENDONASAL SURGERY OF THE SKULL BASE**

2024 Registration REQUEST Form

**** Please type or print your answers in BLOCK letters ****

Space is limited at each course. If we can accommodate you at the course of your choosing, you will receive an invitation and registration form by email. The registration form will need to be completed and returned together with payment in full within 30 days. Please do not make any travel arrangements until you have received an email confirmation of your registration.

NAME (Given Name/Surname): _____

SPECIALTY (ENT/Neurosurgery): _____

NAME OF UNIVERSITY/HOSPITAL: _____

CURRENT POSITION/TITLE: _____
If resident, list current year of training

CITY: _____ STATE (USA only): _____

COUNTRY (if outside USA): _____

EMAIL ADDRESS FOR ALL COMMUNICATION: _____

Please indicate below in order of preference (using a 1=first choice and/or 2=second choice) for which course you would like to register:

_____ April 24-27, 2024 (Wednesday thru Saturday)

_____ November 3-6, 2024 (Sunday thru Wednesday)

Please place an "X" beside your registration category:

_____ Team (*teams are preferred and given first priority*)

Teammate's Name: _____

Teammate's Email Address: _____

_____ Single but I am willing to be paired with another single registrant, should one be available, to form a team (limited availability)

_____ Single Registrant Only (limited availability)

Email completed form to Mary Jo Tutchko, Course Manager at: skullbasecourse@upmc.edu. Requests are reviewed in the order in which they are received.