



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

2025 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: _____

COUNTRY (if outside USA): _____

EMAIL ADDRESS FOR ALL COMMUNICATION: _____

Using a 1 to indicate your first choice, a 2 for your second choice, and a 3 for your third choice, please place the appropriate number beside **ONLY those courses you would be available to attend:**

_____ June 2-4, 2025 (Monday thru Wednesday)

_____ September 17-20, 2025 (Wednesday thru Saturday)

_____ November 5-8, 2025 (Wednesday thru Saturday)

Please place an "X" beside your registration category:

_____ Team (*teams are preferred and given 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)

Please place an "X" beside your visa status:

_____ I hold a current visa to enter the USA

_____ I do not need a visa to enter the USA

_____ I will need to apply for a visa to enter the USA

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