



# AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY, INC.

*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.AAOALLERGY.ORG

## Training Program Sponsored Resident Education Forum Nomination Form – 2019 AAOA Interactive Allergy and Rhinology Course Four Seasons Resort and Club Dallas at Las Colinas | Dallas, Texas February 8–10, 2019

Training programs can register additional residents to attend the Resident Education Forum at the 2019 Interactive Allergy & Rhinology Course. Price options include course registration and hotel accommodations:

- ✓ \$850 per resident for course registration and a single hotel room for 2/8
- ✓ \$600 per resident for course registration and hotel if individuals can share a room on 2/8
- ✓ \$250 per resident (optional) to register for the Sunday rhinology course and hotel room on 2/9
- ✓ Training Program Sponsored residents are responsible for their own transportation, lodging, and all incidental expenses.

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### Nomination Deadline: December 3, 2018

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 (\$600): \_\_\_\_\_ Single Room (\$850): \_\_\_\_\_

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

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

Signature of Department Chair/Program Director: \_\_\_\_\_

Date: \_\_\_\_\_

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

E-mail: [residents@aaoallergy.org](mailto:residents@aaoallergy.org)

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

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