

38th ANNUAL
RICHARD LENDE WINTER NEUROSURGERY CONFERENCE
January 27th – February 1st, 2012
Cliff Lodge Conference Center
Snowbird, Utah

REGISTRATION FORM

Registrations are accepted in the order they are received. PLEASE BE PROMPT...LIMITED REGISTRATION.

GENERAL INFORMATION

The Lende Conference will begin with registration on Friday, January 27th, with the actual sessions beginning on Saturday morning, January 28th at 8:00 a.m. You will be given an **eight-foot table**. Set-up will begin on Friday January 27th at 7:00 pm in the Magpie Room at the Cliff Lodge. Exhibit hall will be opened Saturday Jan 28th – Tuesday Jan 31st. **Please check in at the registration desk prior to setting up.**

REGISTRATION DESK

A registration desk will be placed outside Ballroom 1 of the Cliff Lodge, Friday, January 27th, from 7:00 – 8:30 pm and will open again on Saturday January 28th – Tuesday January 31st between 7:00 am – 5:00 pm. You will be able to pick-up your packets and sign-in.

ROOM RATES

Prices only available until December 15, 2011

Cliff Lodge

* Standard Bedroom (1-4 persons)..... \$289.00 plus \$20.00 Resort Fee per night.

Four night minimum stay during the months of January, February, and March if a Friday or Saturday is included.

HOTEL CHECK IN/OUT

Check in: 4:00 pm Check Out: 11:00 am

LODGING & AIR FARES

Lodging & Air Fare: Contact Snowbird Direct, Call 1-800-453-3000 or FAX 1-801-742-3300. When calling or faxing, please indicate that you are with the Richard Lende Winter Neurosurgery Conference, and you will receive our DISCOUNT RATE. *CALL EARLY!!! A block of rooms will be held until December 15, 2011, after that it is on an as-available basis.

INFORMATION FOR YOUR OFFICE STAFF

While you are staying at Snowbird, your office staff can reach you at 801-742-2222 and at the following fax numbers:

Cliff Lodge.....	801-742-3204
Lodge at Snowbird...	801-742-3311
The Inn.....	801-742-2211
Iron Blossam.....	801-742-3445

CANCELLATIONS

Any rooms cancelled 30 days prior to arrival will be charged one night's lodging; 29-15 days prior, 2 nights's lodging; full payment is forfeited if reservations are cancelled within 14 days of arrival.

TRIP INSURANCE

Snowbird offers trip insurance for cancellations or interruptions. It pays for penalties assessed due to unforeseen circumstances or death, injury or illness.

REFUND POLICY

There will be a \$50 administrative fee for any cancellations prior to December 15, 2011. NO REFUNDS after this date.

FUTURE MEETING DATE

Feb 1st – Feb 5th, 2013 – 39th Annual Meeting

**RICHARD LENDE WINTER NEUROSURGERY CONFERENCE
38th ANNUAL MEETING**

January 27th – February 1st 2012
Cliff Lodge Conference Center
Snowbird, Utah

Please return your registration form as soon as possible. They are accepted in the order they are received.

(PLEASE TYPE OR PRINT CLEARLY)

COMPANY NAME: _____

ADDRESS: _____

_____ ZIP: _____

CONTACT PERSON: _____

E-MAIL ADDRESS: _____

OFFICE #: _____ FAX #: _____

MAIN EXHIBITORS NAME: _____

ADDITIONAL EXHIBITORS: _____

EXHIBITORS:

- ❖ Each company/exhibitor will be supplied an **eight foot table**
- ❖ If you need extension cords, outlets, etc., please write your request on your registration form, or contact Lanette Dunbar in Dr. Jensen's office at 801-581-6554.
- ❖ Due to Snowbird's limited storage facilities, they are unable to receive exhibits any earlier than two days prior to the conference.
- ❖ Please address your packages to:

Richard Lende Winter Neurosurgery Conference
Conference: January 30th – February 4th, 2009
Exhibitor and Name of Company
Cliff Lodge, Entry #4
Snowbird, Resort
Snowbird, Utah 84092

- ❖ If you have any additional questions, please contact Lanette Dunbar at 801-581-6554

**RICHARD LENDE WINTER NEUROSURGERY CONFERENCE
38th ANNUAL MEETING**

January 27th – February 1st, 2012
Snowbird, Utah

REGISTRATION FORM

REGISTRATION FEE: \$2,000.00 per Exhibitor/Company

\$ _____

Cliff Lodge, Snowbird, Utah

*Registration fee includes an **eight-foot exhibit table, one breakfast per day and opening and closing cocktail party.**

(If you need additional breakfasts, please mark below)

SOCIAL ACTIVITIES:

BREAKFAST: Please check when you will be attending for our count.

		<u>FIRST EXHIBITOR</u>		<u>ADDITIONAL EXHIBITORS</u>	
		No Charge		@ \$20.00 each	
		8:00-10:00 am		8:00-10:00 am	
Saturday	Jan 28 th	# _____	\$ <u>N/C</u>	# _____	\$ _____
Sunday	Jan 29 th	# _____	\$ <u>N/C</u>	# _____	\$ _____
Monday	Jan 30 th	# _____	\$ <u>N/C</u>	# _____	\$ _____
Tuesday	Jan 31 st	# _____	\$ <u>N/C</u>	# _____	\$ _____

Meal Tickets Required

TOTAL \$ _____

SATURDAY, January 28th

7:30 pm Family Buffet Dinner # attending _____ \$ _____
@ \$35.00 person (Tickets Required)

TUESDAY, January 31st

7:00 pm Closing Cocktail Party/ N/C #attending _____ \$ _____
N/C

TOTAL AMOUNT ENCLOSED:

\$ _____

Please make checks payable to:

**LENDE NEUROSURGERY CONFERENCE
or pay on-line at lendeconference.com**

Mail check with this form to:

Lanette Dunbar, Conference Coordinator
Department of Neurosurgery
175 North Medical Drive East, Suite 5505
Salt Lake City, Utah 84132-2303

*****ABSOLUTELY NO REFUNDS AFTER DECEMBER 15th*****