CSO

CHRISTIAN SOCIETY OF
OTOLARYNGOLOGY
HEAD AND NECK
SURGEONS

Name: _____ **Tel:** _____

Address: _____ ***Email:** _____

Address: _____

Please include most current email address for future mailings! Thanks!

MEMBERSHIP DUES:

2019 Dues (Active Members) **$50.00**
(Please note: For Retired or inactive members, dues are not required)

Donation for 2019 (Optional) _____

Total Dues (plus donation) Owed: **$ 50.00**

CSO 2019 BANQUET AND PRAYER BREAKFASTS IN NEW ORLEANS, LA:

Saturday Banquet, Sept. 14th, 2019 at 6:00 pm **$100 per person X** _____ = _____
Number **Total**

Enter # for each entree _____ Chicken _____ Fish _____ Vegetarian

Guest(s) Name _____

Sunday Breakfast, Sept 15thth, 2019 at 6:30 am **$55 per person X** _____ = _____
Number **Total**

Enter # for each entree _____ Scrambled Eggs _____ Vegan Frittata

Guest(s) Name _____

TOTAL DUE (Membership Dues & Registration Fees): $ **50.00**

I would like to volunteer! My interests are: _____

Make your checks payable to the "Christian Society of Otolaryngology" and remit along with this form to:

Christian Society of Otolaryngology
C/O Cynthia Cousens-Jacobs
1000 Cabin Creek Lane SW, C101
Issaquah, WA 98027

You may also go online at http://www.christianent.org to pay for both membership and registrations. Questions? Contact Cynthia Cousens-Jacobs at secretarycso@gmail.com or call 206-372-7058.