2016 Craniofacial and Endoscopic Approaches to the Skull Base

Sunday August 7, 2016
Registration and Agenda Inside

Barrow Neurological Institute
350 West Thomas Road | Phoenix, Arizona

Approved Accommodations

Hilton Suites Phoenix
10 East Thomas Road
Phoenix, AZ 85012
602-222-1111
3 blocks from the lab. Hotel shuttle runs between 7:00am – 10:45pm.

Hampton Inn Phoenix-Midtown-Downtown Area
160 W. Catalina Drive
Phoenix, AZ 85013
602-200-0990
Across the street from the lab. Walking distance. No hotel shuttle service.

Fairfield Inn and Suits Phoenix (Marriott)
2520 North Central Avenue
Phoenix, AZ 85004
602-716-9900
0.6 miles from the lab. Hotel shuttle runs between 6:00am – 10:00pm.

Holiday Inn Phoenix Convention Center Hotel
212 W Osborn Rd
Phoenix, AZ 85013
602-595-4444
0.6 miles from the lab. No hotel shuttle.
Curriculum

Sunday, August 7

7:30-8:00  Registration and Continental Breakfast
8:00-8:30  Overview of Anterior Skull Base Pathology and Treatment Paradigms
8:30-9:00  Endoscopic Approaches to the Skull Base, Sagittal Plane from the Frontal Sinus to the Odontoid Process
9:15-Noon  Cadaver Laboratory Exercise: Endoscopic Approaches to the Anterior Skull Base
12:45-1:00  Lunch
1:00-1:30  Transfacial Approaches and Le Fort Osteotomies
1:30-2:00  Choosing a Surgical Approach and Surgical Decision Making (Esthesioneuroblastoma, JNA, sinonasal malignancies)
2:30-5:00  Cadaver Laboratory Exercise: Transfacial Approaches and Variations
5:00pm  Reception

Registration Form
Craniofacial and Endoscopic Approaches to the Skull Base
Sunday, August 7, 2016

Residents - $200.00

Name ____________________________________________
Email ____________________________________________
Institution ________________________________________
Address __________________________________________
City____________________________________  State______ Zip ______________
Business Phone__________________________Fax ______________

Payment
☐ Check or money order payable to: St. Joseph’s Hospital and Medical Center
   (A $20 charge applies to checks returned for insufficient funds.)
☐ Charge my:
   ☐ AMEX  ☐ VISA  ☐ MC  ☐ DISCOVER
Card # ____________________________________________
Expires__________ Verification #_______ Billing Zip Code_________

Printed Name on Card _______________________________________

I authorize Barrow Neurological Institute to charge the amount determined by the Barrow Neurological Institute as registration fees to my credit card.

Signature ________________________________________________

On-site registration will be available as seating permits.

Mail or Fax registration form with payment to:
   Lindsey Possehl – Conference Planning Office
   350 West Thomas Road
   Phoenix, Arizona 85013

Charge card registrations can be faxed to 602-294-5028.

For further information, call 602-406-3067 or email lindsey.possehl@dignityhealth.org

Refunds: A full refund, minus a 20% handling fee, will be made for cancellations prior to July 15, 2016. All refund requests must be received in writing by that date. No refunds will be made thereafter.