



Canadian Society of Otolaryngology-Head & Neck Surgery

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2019 Invoice

Payment Due: March 16, 2019

Name: _____

Address: _____

City / Prov: _____

Postal Code: _____

* The above address is a **business address** and can be displayed in the "Find an Otolaryngologist" section on the CSOHNS website for use by the general public. YES NO

Comments: _____

<input checked="" type="checkbox"/>	2019 MEMBERSHIP CATEGORIES	FEE (HST/GST# 106866965)
<input type="checkbox"/>	Active Member (Canada & US)	\$475 (HST/GST inc)
<input type="checkbox"/>	Active Member (First year in practice)	\$355 (HST/GST inc)
<input type="checkbox"/>	Overseas	\$380
<input type="checkbox"/>	Resident-in-training OR Fellow (Circle one) Fellowship Termination Date: ____/____/____	<u>No Charge</u>
<input type="checkbox"/>	Emeritus Member	<u>No Charge</u>

PAYMENT METHODS

Cheque Online: www.entcanada.org (most cards via *PayPal*) Mail, Fax or Phone: **VISA credit card only** 

Make cheques payable to: **Canadian Society of Otolaryngology-Head & Neck Surgery** and return along with invoice to the address above. **VISA** payments can also be **faxed or phoned** to the CSOHNS Head Office. **FAX: 519-846-9529** **PHONE: 800-655-9533**
For security reasons, it's best NOT TO EMAIL Visa payment information.

Visa Card Number: _____ Expiration Date: ____/____/____

Name of Cardholder: _____ Authorized Signature: _____

PAYMENT SUBMITTED:

\$

Changes? Keep us current. Fill out and return or send an email to: cso1.hns@sympatico.ca

New Address: _____ City / Prov _____

Postal Code: _____ Phone: _____ Fax: _____ New Email: _____



FOR YOUR RECORDS: Photocopy this sheet or detach and keep this bottom portion. Contact the office if you require a receipt.

2019 CSOHNS Membership Payment

Date: _____ Amount Paid: \$ _____ Cheque Visa Online