

**RICHARD LENDE WINTER NEUROSURGERY CONFERENCE
Jointly Provided by the AANS**

REGISTRATION FORM
February 2nd -6th, 2018

Lende Tumor Update Conference: * Registration fee includes meeting sessions and coffee break at the, Huntsman Cancer Institute, Friday February 2, 2018, **1:00 pm – 5:00 pm**

N/C for Registration # _____

Lende Conference: *Participant registration fee includes morning and afternoon meeting sessions **beginning Saturday February 3rd - Tuesday February 6th, 2018**, four breakfasts, (participant only) (not transferable), four lunches, Opening and Closing Receptions and Heilbrun Lecturer Family Dinner

\$800.00 per physician \$ _____

\$400.00 per Nurse, Physician Assistant or Nurse Practitioner: \$ _____

N/C per Resident or Fellow \$ _____

SOCIAL ACTIVITIES:

| BREAKFAST: | ATTENDEE @ N/C | SPOUSES/GUESTS @ \$25.00 ea. |
|-------------------------------|-----------------------|--|
| | 7:00-8:00 am | Certificate will be given to use in Restaurant |
| Saturday, Feb 3 rd | # _____ \$ <u>N/C</u> | # _____ \$ _____ |
| Sunday, Feb 4 th | # _____ \$ <u>N/C</u> | # _____ \$ _____ |
| Monday, Feb 5 th | # _____ \$ <u>N/C</u> | # _____ \$ _____ |
| Tuesday, Feb 6 th | # _____ \$ <u>N/C</u> | # _____ \$ _____ |

TOTAL: \$ _____

FRIDAY, February 2, 2018

7:00 – 9:00 pm Lende Opening Reception # attending _____ \$ N/C

SATURDAY, February 3, 2018

12:30 – 2:00 pm Family Ski Lunch in Golden Cliff # attending _____ \$ N/C

7:00 – 9:00 pm Heilbrun Lecturer/Family Dinner # attending _____ \$ N/C

SUNDAY, February 4, 2018

9:00 am Physician's Group Photo

12:30 – 2:00 pm Family Ski Lunch in Golden Cliff # attending _____ \$ N/C

MONDAY, February 5, 2018

12:30 – 2:00 pm Family Ski Lunch in Golden Cliff # attending _____ \$ N/C

7:30 – 9:00 pm Closing Family Reception

Adult # attending _____ \$ N/C

Child # attending _____ \$ N/C

TUESDAY, February 6, 2018

7:30 am 1st Tram Adventure @ \$50.00 person # attending _____ \$ _____

12:30 – 2:00 pm Family Ski Lunch in Golden Cliff # 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, Meeting Coordinator
Department of Neurosurgery
175 North Medical Drive East
Salt Lake City, Utah 84132-2303

(PLEASE TYPE OR PRINT CLEARLY)

NAME: _____

ADDRESS: _____

_____ ZIP: _____

OFFICE #: _____ FAX #: _____ HOME #: _____

E-MAIL ADDRESS: _____

CONTACT PERSON IN OFFICE: _____

Spouse/Partner/Guest's Name: _____

(only if attending)

Children's Name and Age: _____

(only if attending)

IF SUBMITTING A TITLE/ABSTRACT

Please note: Commercial bias in any CME activity is an important and timely issue. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

In order for your abstract to be considered for review, please return your completed Disclosure of Financial Relationships Form with your abstract submission.

- 1) Type a **BRIEF** abstract on the attached **ABSTRACT FORM** which includes, **TITLE, SPEAKER, AUTHORS and ABSTRACT**
It will be copied, **AS IS**, and made into booklets for your packets,
- 2) **Submit BEFORE January 10, 2018!**
- 3) If you do not list your special audio/visual needs prior to the meeting, we will be unable to accommodate you at the time of the meeting.
- 4) Talks are 20 minutes in length followed by a 5-10-minute discussion period.

AUDIO VISUAL REQUEST

Standard Equipment in Rooms
LCD Projector for Laptop Computer
Laser pointer

(ANY EQUIPMENT IN ADDITION TO THE ABOVE WILL BE AT YOUR OWN COST)

44th ANNUAL RICHARD LENDE WINTER NEUROSURGERY CONFERENCE

**Jointly Provided by the AANS
February 2nd – February 6th, 2018
Cliff Lodge Conference Center
Snowbird, Utah**

LENDE NEURO-UPDATE

Updates in managing primary and metastatic tumors of the head, skull base and spine in adults and children. Registration begins on Friday February 2nd at 12:30 pm at the Huntsman Cancer Institute.

LENDE SNOWBIRD MEETING INTENDED AUDIENCE

This meeting is open to Neurosciences **ONLY**. It provides a forum for free exchange of ideas and presentation of innovations in neurological surgery and allied fields. This meeting of research and clinical applications in a relaxed setting has endured the test of time as a popular tribute to the memory of Dr. Richard Lende. Registration begins on Friday February 2nd, 2018 between 6:30 – 8:00 pm at the Cliff Lodge, Snowbird, Utah.

REGISTRATION FORM

Please visit our website at lendeconference.com. Abstracts are due by January 10th, 2018. Registrations are accepted in the order they are received. You may register on line and pay by credit card, at lendeconference.com

GENERAL INFORMATION

The Lende Conference at Snowbird will begin with registration on Friday, February 2nd, 2018 between 6:30 pm – 8:00 pm, **The Lende didactic sessions begin Saturday morning at 8:00 am.** It is the intention of the planners to keep this meeting an open forum. All participants are encouraged to submit titles for presentation.

REGISTRATION DESK FOR LENDE MEETING AT SNOWBIRD

Lende registration desk will be placed outside Ballroom I of the Cliff Lodge, Snowbird, Utah, Friday, February 2nd, 2018, from 6:30 pm – 8:00 pm. On Saturday, February 3rd, you can register outside Ballroom I beginning at 7:00 am.

LODGING FOR SNOWBIRD LENDE MEETING

Lodging: 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 **January 2nd, 2018** it is on an as-available basis.

CLIFF LODGE ROOM RATES

Prices only available **until January 2nd, 2018**

HOTEL CHECK IN/OUT

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

Cliff Lodge:

Standard Bedroom (1-4 persons).....\$ 294.00 plus tax and \$25.00 Resort Fee per Night.

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

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 | The Inn..... | 801-742-2211 |
| Lodge at Snowbird... | 801-742-3311 | Iron Blossom..... | 801-742-3445 |

CANCELLATIONS

Rooms released 15-29 days prior to arrival will be subject to a cancellation fee of two nights lodging deposit. Rooms released within 14 days prior to arrival will forfeit full deposit. Early departures are considered a cancellation.

TRIP INSURANCE

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

CHILDREN'S CENTER

If you need to make arrangements for a babysitter, ski school, etc.; please call the Children's Center direct, (801-521-6040, ext. 5026) Infant/child care also available. It is best to call early!

FACULTY LIST

Lende Organizing/Planning Committee consists of Randy Jensen, M.D., Douglas Brockmeyer, M.D., and William Couldwell, M.D.



American
Association of
Neurological
Surgeons

Jointly Provided by the AANS

ACCREDITATION/DESIGNATION

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the AANS and the Richard Lende Winter Neurosurgery Conference. The AANS is accredited by the ACCME to provide continuing medical education for physicians.

This activity has been approved for *AMA PRA Category 1 Credit*™.

DISCLOSURES

Before the program, anyone in control of the educational content of this activity will disclose the existence of any financial interest and/or the relationship they or their significant other have with the manufacturer(s) of any commercial product(s) to be discussed during their presentation. Disclosures will be included in the final program.

ABSTRACTS

Abstracts need to be received no later than **January 10, 2018**. Please type a brief abstract on the enclosed

ABSTRACT FORM, which includes TITLE, SPEAKER, AUTHORS and ABSTRACT. It will be copied, AS IS for our booklet.

REFUND POLICY

There will be a \$50 administrative fee for any cancellations prior to December 15, 2017, NO REFUNDS after this date.

FUTURE MEETING DATE

February 1st– February 5th, 2019

*****PLEASE RETURN YOUR REGISTRATION FORM AS SOON AS POSSIBLE*****

METHOD/FORMAT OF INSTRUCTION:

This will be a live presentation, with interactive discussion, and abstract presentations.

LEARNING OBJECTIVES

Upon completion of this live activity, participants should be able to:

- 1) Understand the molecular biology of brain tumors and available clinical trials based on this knowledge.
- 2) Determine appropriate surgical and medical management of patients with oncological disease involving the spinal axis.
- 3) Improve participant understanding of management of patients with brain and spinal trauma.
- 4) Demonstrate an understanding of how current open surgical and endovascular techniques are applied to patients with neurovascular disease.

SOCIAL ACTIVITIES

TENATIVE SCIENTIFIC PROGRAM

| | | |
|---|---------------------------------------|--|
| FRIDAY February 2 nd | 7:00-9:00pm | Opening Cocktail Party, Ballroom I |
| SATURDAY February 3 rd | 12:30 – 2:00 pm 7:00 pm | Lende Participants Family Ski Lunch Heilbrun Lecturer and Family Dinner |
| SUNDAY February 4 th | 9:00 am 12:30 – 2:00 pm 6:30 pm | Physician’s Group Photo Lende Participants Family Ski Lunch Super Bowl Party |
| MONDAY February 5 th | 12:30 – 2:00 pm 7:30 – 9:00 pm | Lende Participants Family Ski Lunch Closing Family Dinner |
| TUESDAY February 6 th | 7:30 am 12:30 – 2:00 pm | First Tram Adventure Lende Participants Family Ski Lunch |

| | |
|-----------------|-----------------------------------|
| FRIDAY | 1:00 – 5:00 pm |
| SATURDAY | 8:00 – 10:30 am 4:00 – 6:30 pm |
| SUNDAY | 8:00 – 10:30 am 4:00 – 6:30 pm |
| MONDAY | 8:00 – 10:30 am 4:00 – 6:30 pm |
| TUESDAY | 8:00 – 10:30 am 4:00 – 6:30 pm |

MEETING ABSTRACT FORM

RICHARD LENDE WINTER NEUROSURGERY CONFERENCE
Jointly Provided by the American Association of Neurological Surgeons

February 2nd – 6th, 2018
Snowbird, Utah

Please submit abstract to: Randy Jensen, M.D., Ph.D.
175 North Medical Drive East, Salt Lake City, Utah 84132-2303

In order for your abstract to be considered for review, please return your completed Disclosure of Financial Relationships Form with your abstract submission.

No later than January 10, 2018

PLEASE REMEMBER TO MAIL DISCLOSURE STATEMENT TOO!

TITLE:

SPEAKER:

CITY/STATE:

AUTHORS:

ABSTRACT:



AANS Disclosure of Financial Relationships

Name _____ **Activity/Date:** Richard Lende Conference February 2-6, 2018

The AANS requires that the content of CME activities provide balance, independence, objectivity, and scientific rigor. Planning must be free of the influence or control of a commercial entity, and promote improvements or quality in healthcare. In addition, the content or format of a CME activity and its related materials must promote improvements or quality in healthcare and not a specific proprietary commercial interest.

All AANS CME activities must be compliant with the ACCME content validation statements:

- All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.

Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, trade names from several companies should be used and not just trade names from a single company. Educational materials that are part of a CME activity such as slides, abstracts, and handouts cannot contain any advertising, trade names without generic names (but listing of trade names from several companies is permissible), or product-group advertising.

Any individual refusing to comply with this policy and/or not disclosing relevant financial relationships annually will not participate in, have control of, or responsibility for, the development, management, or presentation, of AANS CME activities.

- I have read and I understand and agree with the statements above**
- I have read and I understand, but do not agree with the statements above (you will be contacted by an AANS staff member).**

ACCME's Updated Standards for Commercial Support requires that anyone in a position to control the content of the educational activity has disclosed all financial relationships with any commercial interest. The ACCME defines a commercial interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Failure or refusal to disclose or the inability to satisfactorily resolve the identified conflict may result in the withdrawal of the invitation to participate in any AANS education activities.

This disclosure form is now linked to **all** AANS speaking engagements. Therefore, you only need to disclose all relevant financial relationships once, not per engagement. Please indicate your financial relationships by checking the appropriate box below: (PLEASE NOTE: This disclosure is valid for 12 months...please update as needed)

- I do not have any financial relationships with any commercial interests. (Stop and sign below)**
- I do have financial relationships with commercial interests which I will disclose below. (Please continue and sign below)**
- List the names of proprietary entities producing, marketing, re-selling, or distributing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner/co-author have, or have had, a financial relationship within the past 12 months. For the purpose of this disclosure, ACCME considers the financial relationships of your spouse/partner/co-author to be included as yours.
 - Clarify what you or your spouse/partner/co-author received (ex: salary, honorarium, stock, etc) specify the company name next to your role with the company below.

Company Name

University Grants/Research Support _____

Industry Grant Support _____

Consultant Fee _____

Stock or Shareholder _____

Honorarium _____

Speaker's Bureau _____

Employee [*any industry*] _____

Fiduciary Position [*of any organization outside the AANS*] _____

Other Financial or Material Support _____

Check one: I am a planner / committee member of this activity I am a presenter/author/co-author

Signature _____ **Date** _____

**Failure or refusal to disclose or the inability to satisfactorily resolve the identified conflict will result in the withdrawal of the invitation to participate.

(Please return this form to Lanette Dunbar; Fax 801-581-4385)