



# Florida Neurosurgical Society 2011 ANNUAL MEETING

June 10-11, 2011  
The Ritz-Carlton, Sarasota

**HOTEL CUT OFF IS WEDNESDAY, MAY 11!**  
**Make your reservations now 800.241.3333**

## - TENTATIVE SCHEDULE -

### Friday, June 10

- 1pm Exhibits Set up  
Registration Desk open
- 2pm Board of Directors Meeting
- 3:30pm Opening Session - Welcome Remarks, Dr. Garcia-Bengochea  
Keynote Speaker - Barth Green, M.D.
- 5-6:30pm Welcome Reception in the Exhibit Hall  
*hosted bar & hors d'oeuvres*

### Saturday, June 11

- 8am Breakfast in the Exhibit Hall
- 8:30am Resident Paper Competition
- 9:30am Annual Business Meeting / Election of Officers
- 10:30am Refreshment Break in the Exhibit hall
- 11am QUALITY: Buzzword, Reimbursement Reducer or patient Centric Care?  
11am Tim Flynn, M.D. - "What Does Quality Mean to Your Hospital?"  
11:30am Matt Lawson, M.D. - "Quality Metrics in Neurosurgery: You're being graded, and it matters!"
- 12 noon Tony Asher - "National Neurosurgery Quality Outcomes Database: It's Here"
- 12:30pm Lunch in the Exhibit Hall
- 1:30pm Exhibits Breakdown
- 1:30pm Chris Nuland - Legislative Updates
- 2:15pm Hector James, M.D. - Abstract Presentation
- 3:00pm Dileep Yavagal, M.D. - Interventional Neurology
- 3:45pm Wrap Up - Closing Remarks, Mark Shaya, M.D.
- 4-5pm Happy Hour

# FLORIDA NEUROSURGICAL SOCIETY 2011 ANNUAL MEETING ADVANCE REGISTRATION

Please mail completed form with your payment to: FNS, PO Box 441745, Jacksonville FL 32222. Credit Card users may fax this completed form to: 904.786.9939

NAME \_\_\_\_\_  
(For badge imprint)

Office Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_  
(Your registration confirmation will be faxed to you)

Email Address \_\_\_\_\_

GUEST NAME(s) (if applicable) \_\_\_\_\_

### REGISTRATION FEE(S):

- FNS Member ..... \$495
- Non-Member Physician ..... \$695
- Resident/ Fellow in Training ..... \$295  
*You Must Include a Letter from the Program Director*
- Neurosurgery Nurse or P.A. .... \$325
- Guest(s) of Registrant: #\_\_\_\_ @ \$200 ea. .... \$\_\_\_\_  
*Guest registration includes Fri. Meet & Greet, Sat. Breakfast & Lunch, Sat. Happy Hour*

METHOD OF PAYMENT: <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Credit Card No. _____	Exp. ____ / ____
Name on Card _____	
Credit Card Billing Address, including zip _____	
<i>Cardholder acknowledges receipt of services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.</i>	
Signature _____	Date _____

Please check here if you have any special requirements in order to participate in this activity. Use space below for explanation.