american rhinologic society
nose news
ISSUE #1 February 2013

American Rhinologic Society

President's Message

Todd Kingdom, MD
President

I would like to wish everyone a Happy New Year and best wishes for a healthy, productive, and safe 2013.

By the time this edition of the Nose News has been delivered, I will be at the mid-point of my year serving as President of the ARS. I would like to thank each of you for your support, trust, and the confidence placed in the ARS leadership and myself.

I recently shared my strategic vision with the Board of Directors during our Winter BOD conference call. It is clear many initiatives are in motion and the commitment to serve never greater amongst our organization. The following brief comments summarize the Board's vision for 2013 and beyond, and provide a framework for the priorities we wish to tackle as a group.

Transparency & Access: A priority continues to be expanding membership, creating opportunities for our members to serve, and improving access to all that the ARS has to offer. Transformative initiatives, led by my 1st VP Roy Casiano, continue to focus on our committee structure and strengthen our commitment to our membership. Chris Melroy, new Chair of the Membership Committee, is providing a fresh look at membership services and outreach. The vitality of the ARS is dependent on such efforts and we are making exceptional progress.

Finance & Development: As our organization becomes more complex and our strategic vision expands, establishing a sound financial footing becomes even more critical. Joe Jacobs, Treasurer & Development Steering Committee Chairman, is leading the charge by creating new approaches to fundraising, corporate development, and the budget process. Financial strength will be essential in order for us to aggressively pursue our core missions of research, education, and advocacy. Great strides have been made in just a few short months.

Educational & Scientific Programs: Under the direction of Rick Chandra, Kevin Welch, and Jim Palmer, planning for our 2nd ARS Summer Sinus Symposium is well underway with great expectations for a wonderful event. Program Chairman and President-elect, Tim Smith, is leading our efforts to develop the programs for the COSM and Annual scientific programs. These initiatives highlight our continued push to improve and expand our educational programs. One of our core competencies is education, and innovative scientific program planning must remain a focus for the organization.

Collaboration: I continue to believe strategic collaboration with other societies and organizations can provide opportunities to better serve our members and our specialty. To this end, leaders from the American Academy of Allergy, Asthma & Immunology (AAAAI) will join our

continued on page 2

OLYMPUS®
Your Vision, Our Future
Acclarent
ASL PHARMACY®
ATOMIZATION | IRRIGATION | NEBULIZATION
entellus MEDICAL™
XORAN® TECHNOLOGIES
www.xorantech.com
ENTRIGUE SURGICAL
The American Rhinologic Society would like to thank Acclarent, ASL, Entellus, Entrigue, Olympus/Gyrus and Xoran for partnering with the ARS Newsletter for 2013.

ARS Officers

Todd Kingdom, MD
President

Timothy Smith, MD
President-Elect

James Palmer, MD
Secretary

Joseph Jacobs, MD
Treasurer

Michael Setzen, MD
Immediate Past President

Roy Casiano, MD
First Vice President

Peter Hwang, MD
Second Vice President

Board of Directors
Pete Batra, MD
John DelGaudio, MD
Marc Dubin, MD
Joseph Han, MD
Robert Kern, MD
Rodney Schlosser, MD

Consultants to the Board
Parul Goyal, MD
Ralph Metson, MD
Michael Stewart, MD
Sarah Wise, MD

NoseNews Editor
Sarah K. Wise, MD

Administrator
Wendi Perez
PO Box 495, Warwick, NY 10990
Tel:845.988.1631
Fax: 845.986.1527
wendi.perez@gmail.com

2013 Dates

COSM 2013
April 10-14, 2013
(ARS meets on April 12 and 13)
JW Marriott Grande Lakes,
Orlando, Florida

SUMMER SINUS SYMPOSIUM
July 19-20, 2013
Westin Michigan Avenue,
Chicago, IL

59TH ANNUAL MEETING
September 28, 2013
Hyatt Regency Vancouver,
Vancouver, CAN

ARS Calendar of Events
www.american-rhinologic.org /calendar_events

Tim L. Smith, MD

Register Now! ARS at COSM, April 12-13, in Orlando, Florida

Tim L. Smith, MD, President Elect and Program Chair

It's February, cold and dreary. Why not plan to join us in sunny Orlando in April? At the ARS, we have revamped our educational programs-ARS version 2.0! Our program is filled with the finest speakers from across the country and has something for everyone with an interest in allergy, rhinology and sinus surgery. We really hope to see you there!

Join us for critical CME and Maintenance of Certification.

ARS MEETING HIGHLIGHTS:

Panel: *Inferior Turbinate Reduction Surgery: Minimalist vs. Turbinator*

Panel: *The Cutting Edge: From Lab Bench to Bedside-Improving Care for our Patients*

Panel: *Evidence-Based Rhinology: How has the Evidence Changed my Treatment of Sinonasal Disease?*

Invited Speaker: ***David W. Kennedy, MD,*** *Rhinology 2013: What Does the Future Hold for Rhinology/Sinus Surgery?*

Presentations: *Showcasing the best in Worldwide Rhinology Research and the International Forum of Allergy & Rhinology!*

Panel: *Chronic Sinusitis from the Allergist/Immunologist Perspective: Immunotherapy, Steroids, ASA desensitization, Immunomodulators, and what Allergists expect from our surgery!*

Invited Speaker: ***Andrew Goldberg, MD,*** *Update on the Etiology of CRS: Do our Sinuses Crave Certain Bacteria for Health?*

Panel: *Everyday Struggles in Our Practices-Expert Solutions!*
Join your colleagues to discuss the latest advances in our field and discuss your challenging cases!

Explore the exhibits of our Industry Partners where the latest technology is unveiled! Details at: ***www.american-rhinologic.org/spring_meeting***

President's Report, cont'd.

COSM program as invited panelists and colleagues from the American Academy of Otolaryngic Allergy (AAOA) will lend their expertise to our 2013 Annual meeting program. I feel these types of collaborative efforts are important and deserve our attention. I have never seen the ARS Board of Directors and Committee leadership more energized. Please help preserve this momentum. I look forward to seeing you in Orlando at the 2013 COSM.

Kevin Welch, MD

IT Committee Report

Kevin Welch, MD

Thanks to our ARS members, the website is running strong! Since going live in September of 2011, the website has received a total of 4 million hits and users have downloaded nearly 90 gigabytes of information. We had no idea that the site would be so popular and useful for members.

Browsers spend a great deal of time visiting the main page for the latest updates as well as our calendar of events, which displays the upcoming meetings and events for the next month. There is a searchable index of events for up to 3 years. Our webpages detailing information about the spring, summer and annual meetings are also a wealth of information; these pages are constantly updated so you can receive the latest information about all ARS events. The fellowship pages also lead our Top 20 webpages, and it is the season: Fellowship match is right around the corner again. For those who aren't aware, any resident can access information about the individual programs with just a few clicks.

We've made quite a few upgrades since I gave my last update. The abstract module has been improved, and I am proud to announce the spring meeting abstract submission and review process went smoothly. We added a Forms Generator for the collection of data of any kind; we will be able to use this in the future to obtain information from members without having to send and submit paper forms. Together with Douglas Reh, our By-laws have been updated. With the help of Christopher Church, Jivianne Lee, Rakesh Chandra and Vijay Ramakrishnan, previous ARS Webinars will soon be available for access from our website as part of our educational outreach. Lastly, we plan a number of small item changes to our membership maintenance system to help Wendi Perez and her office streamline the business end.

I'd like to thank IT members Vijay Ramakrishnan, John Lee and Phillip Harris for helping build a progressive website that is up to date, functional and imaginative. Our strengths lie in having a strong core group of members who are forward thinkers and integrate well with other ARS committees.

Continue to look for updates and changes, and if you have any questions, concerns or suggestions, please feel free to contact me at any time (kwelch1@lumc.edu).

SAVE THE DATES:

JULY 19-20, 2013

CHICAGO, IL • WESTIN MICHIGAN AVENUE

2013 ARS SUMMER SINUS SYMPOSIUM

FEATURING EXPERT FACULTY FROM AROUND NORTH AMERICA, INCLUDING:

David Kennedy, MD (Keynote Speaker), Don Lanza, MD
Michael Sillers, MD, Peter Hwang, MD, Tim Smith, MD
James Stankiewicz, MD, and many, many more...

COURSE DIRECTORS:

Rakesh Chandra, MD, James Palmer, MD, Kevin Welch, MD

James N. Palmer, MD

Secretary's Report

James N. Palmer, MD

The majority of the duties of Secretary for the ARS involve work as a member of the Board of Directors and the Executive Board, helping maintain the day-to-day activities of the Society. Special emphasis includes work with the ACGME committee to maintain accreditation for our programs, especially the Annual meeting, the Spring meeting at COSM, and the newly minted Summer Sinus Symposium. A special highlight of our group effort is that we were granted Accreditation with Accommodation - a six-year accreditation!

Another function of the Secretary's office that I would like to highlight is interactions with other societies. The COSM Secretaries is composed of the 10 Secretaries from all 10 major subspecialty societies - the group serves to organize COSM each spring in concert with the American College of Surgeons. The Triologic Society has traditionally taken the lead in arranging COSM and helping each subspecialty society coordinate their meetings. The ARS membership has asked to move towards a larger meeting and also to meet closer toward the weekend. We now will be planning our meeting to take place Friday afternoon and all day Saturday during future COSM meetings if possible.

The ARS Secretary also serves as the ARS representative to the Specialty Society Advisory Council (SSAC). The SSAC is an advisory group to the American Academy of Otolaryngology-Head and Neck Surgery. This group is charged with providing input and coordination from the subspecialty societies and helps them work in concert with the AAO-HNS. I would like to thank my predecessor Dr. Peter Hwang for all his excellent work and guidance as we move forward and grow our society.

Seth M. Brown, MD

Patient Advocacy Committee (PAC) Corner

Coding Primer: How to bill advanced sinus procedures and the proper use of an unlisted code

Seth M. Brown, MD, MBA, FACS, PAC Chair

How would you code the following… You operate on a patient with an inverted papilloma in the right maxillary sinus. In order to remove this you perform an endoscopic medial maxillectomy - removing the inferior turbinate, the wall of the sinus down to the floor of the nose, back to the sphenopalatine artery and anteriorly to the nasolacrimal duct. As part of removal of the mass you use a 70 degree scope and a curved drill to drill the tumor attachment point. This procedure takes you 2 ½ hours.

A. 31255 - maxillectomy without orbital exenteration

B. 31267-22 - endoscopic maxillary antrostomy with removal of tissue from sinus; more complex procedure

C. 31299 - sinus procedure, unlisted

The proper coding would be 31299, unlisted sinus procedure. The maxillectomy code is not the correct choice as one cannot use an "open" code for an endoscopic procedure. It is also not appropriate to use "like" codes. Choice B, though an option, does not describe the time, risk and expertise required to perform this procedure. By adding the 22 modifier you may be able to get 20% more in reimbursement, but this would still be far less than you should get for this procedure. The RVUs for 31267 is only 8.74, far less than the 45.88 RVUs for a maxillectomy. The unlisted code, however, is the method to properly describe your work and the amount that you should be paid for this procedure. This should be used when there is not a code that describes the exact procedure that you are performing.

The keys to billing an unlisted procedure are to dictate exactly what was done in the operative report and to write a letter to the carrier and follow up on payment. Although this requires more work, it sets a precedent that you are performing more complex procedures and expect to get paid for your work.

The letter should include:

- What procedure you performed
- Any special equipment that was required
- Any additional training and/or expertise required
- The time it took to perform the procedure
- A "like code" to the procedure you just performed, i.e. maxillectomy, and your fee for this procedure

By including all these things you should be able to get adequately reimbursed for the work that you did.

The ARS is here to help with your coding questions. Please contact the ARS for assistance with coding and reimbursement.

For upcoming course info visit:
www.american-rhinologic.org/ars_courses

H.H. Ramadan, MD

Pediatric Committee Update

Hassan H. Ramadan, MD

The ARS Pediatric Committee would like to thank our outgoing chair Dr. Sanjay Parikh, as well as those members whose term has expired. As the newly appointed Pediatric Committee chair, I would like to welcome the new members, and thank the new and current members for volunteering their time. We are anxious to try to define pediatric rhinosinusitis a little better, as this continues to be a controversial subject. With the collaboration and help of the ARS Education Committee, we plan to finish the pediatric rhinosinusitis module that has been started. We also plan to keep this module updated on the ARS website.

Next, we would like to better define maximal medical treatment for chronic rhinosinusitis in children, determine the optimal use of CT scans for rhinosinsuitis in children, and elucidate when children are candidates for sinus surgery. Several surgical options are available for the treatment of CRS in children; however, which surgery to perform continues to be controversial.

Through collaboration with other ARS committees, we would like to address these concerns with seminars, panels, as well as presentations. We would also like to work with ASPO on joint sessions on pediatric sinonasal disease during the COSM meeting. Finally, we want to work with the Education Committee to provide web based seminars to residents nationally as well as have them accessible internationally.

Case of the Quarter: Esthesioneuroblastoma

Patrick Stevens, MD and Belachew Tessema, MD, FACS

A 47 year-old Iraq war veteran with history of chronic sinus disease and prior endoscopic sinus surgery was referred for tertiary management of his chronic recalcitrant symptoms and complaints of headache and visual changes. Endoscopic examination revealed a large vascular mass in the left paraseptal corridor (Figure 1). Imaging evaluation including a thin sliced CT scan with navigation protocol and contrast enhanced MRI was ordered for evaluation of extent of disease as well as preoperative counseling regarding management options (Figure 2a, 2b). The findings confirmed a vascular mass involving the olfactory groove with significant intracranial extension. Preoperative biopsy and partial resection of the intranasal portion was performed using a coblator in order to obtain a histologic diagnosis (Figure 3). Pathology was consistent with a low-grade esthesioneuroblastoma.

The tumor was resected using an entirely endoscopic endonasal anterior craniofacial resection and reconstruction of the anterior skull base using Alloderm as described by Dr. Casiano.[1] The patient underwent adjuvant radiation and chemotherapy with significant postoperative crusting until complete mucosalization of the sinonasal cavity 3 months after completing adjuvant therapy. Follow up imaging obtained 28 months post operatively (Figure 4a, 4b) shows no recurrence of disease.

Estheisoneuroblastoma is a rare malignant neoplasm originating from the neuroepithelium of the olfactory cleft. It accounts for only 3% of intranasal tumors. It has a bimodal peak incidence in the second and fifth/sixth decades of life. The rarity and nonspecific initial symptoms consisting of nasal obstruction, headache and recurrent epistaxis result in delayed diagnosis for a large proportion of patients. Diagnosis is made via nasal endoscopy, CT and MRI to establish extent of disease, with confirmation of pathology via a transnasal biopsy in most cases. The differential diagnosis includes other sinonasal tumors such as inverted papilloma, squamous cell carcinomas, sinonasal melanoma, sinonasal neuroendocrine carcinoma (SNEC), sinonasal undifferentiated carcinoma (SNUC) and sinonasal lymphoma.

For decades, surgical treatment was via open craniofacial approach with adjuvant radiotherapy and sometimes chemotherapy. More recently purely endoscopic skull base resections have been employed particularly in Kadish stage A and B tumors.[2] There are reports of total endoscopic resection of Kadish C and D tumors that have minor extent into the cranial fossa. Endoscopic resection has shown decreased intraoperative bleeding, shorter operative time and post-operative recovery times compared to open craniofacial resections.

The limitations of endoscopic anterior skull base surgery should be taken into consideration when resecting highly vascular tumors with moderate lateral intracranial extension. The use of radiofrequency coblation has been shown to reduce blood loss during endoscopic skull base surgery. The coblator wand can be curved slightly and navigated intraoperatively when working superiolaterally during tumor resection. Histopathological studies indicate the depth of tissue damage ranges from 100 to 250 micrometers when coblation is used for tissue dissection. The safety and efficacy of intracranial use of coblation for tumor resection is demonstrated here in a Kadish C tumor with extensive invasion into the anterior cranial fossa that was successfully resected entirely through an endoscopic endonasal approach.

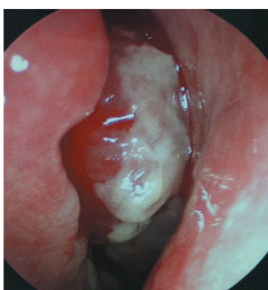

Fig 1

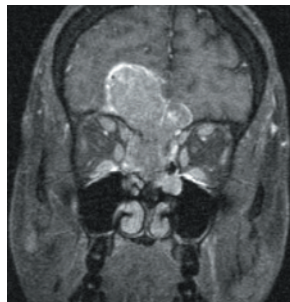

Fig 2b

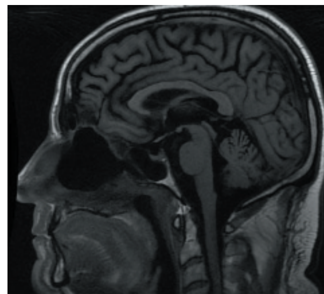

Fig 4a

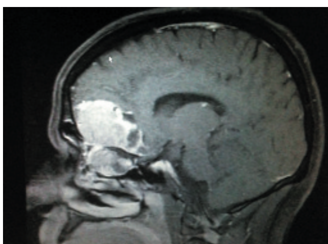

Fig 2a

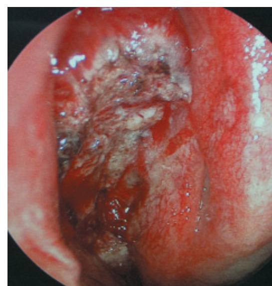

Fig 3

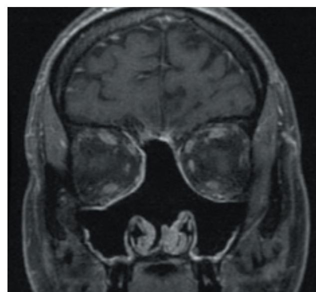

Fig 4b

1 Casiano RR, Numa WA, Falquez AM. Endoscopic resection of esthesioneuroblastoma. Am J Rhinol. 2001;15(4):271-279.

2 Kadish S, Goodman M, Wang CC. Olfactory neuroblastoma. A clinical analysis of 17 cases. Cancer. 1976;37 (3): 1571-6.

Rhinology Perspectives: *Inferior Turbinate Surgery: An evolving body of evidence to guide surgical choices*

Peter H. Hwang, MD, and Richard R. Orlandi, MD

Inferior turbinate reduction is one of the most commonly performed surgical procedures of the nasal cavity. While the primary indication for turbinate reduction is nasal obstruction, other evidence-based indications include allergic rhinitis and sleep disordered breathing (Gunhan, 2011; Powell, 2001). The inferior turbinates are dynamic organs that actively participate in nasal physiology; therefore, surgical decision making requires an appreciation for the functional aspects of the inferior turbinate anatomy with the aim to balance symptomatic improvement and preservation of function.

Surgical approaches to reduction of the inferior turbinate can be classified into a sequential algorithm from least amount of tissue removed to most amount of tissue removed:

- Outfracture: Lateral displacement of turbinate bone, facilitated by first infracturing the inferior turbinate to avoid "greenstick" fracture.
- Submucous resection of soft tissue: Many surgical options available, from laser ablation, to radiofrequency (Somnoplasty™, Coblation™, Celon™), to microdebrider techniques.
- Submucous resection of bone and soft tissue: Combining soft tissue resection with removal of the anterior portion of the turbinate bone, preserving the overlying mucosa.
- Full thickness resection: Excision of the anterior portion of the turbinate in its entirety. Likely to result in longer periods of postoperative crusting owing to greater amounts of exposed bone.

The selection of the optimal procedure for any given patient remains a clinical challenge and can often be a source of unresolved controversy (see upcoming panel on turbinate surgery at the spring ARS meeting at COSM 2013). Fortunately, the literature assessing outcomes in turbinate surgery has improved in quality in recent years, such that clinical decision making can be guided increasingly by clinical evidence. The following papers are brief highlights of a growing body of literature in the area of turbinate surgery outcomes:

- Cavaliere, et al. 2007: Somnoplasty vs Coblation trial in 150 patients with 20 month follow up. Both groups showed improvements in obstruction, snoring, pruritis, hyposmia. No difference between modalities.
- Liu, et al. 2009: Coblation vs microdebrider in 120 patients with 3 year follow up. Up to one year postop, both modalities equally effective. Between 1-3 years, Coblation showed tendency towards relapse of symptoms, whereas microdebrider showed more durable symptom relief
- Passali, et al. 2003: Randomized clinical trial of various surgical strategies in 382 patients with 6 year follow up. Found best results with submucous resection + outfracture.
- Lin, et al. 2010: Nonrandomized cohort of 119 patients treated with radiofrequency inferior turbinoplasty with 5 year follow up. Statistically significant reduction in visual analog scores achieved for rhinorrhea, sneezing, itchy nose, and itchy eyes.
- Powell, et al. 2001: Randomized, double-blind, placebo controlled clinical trial showed radiofrequency treatment of the inferior turbinates reduced nasal obstruction and enhanced self-reported CPAP adherence.

Inferior turbinate reduction is an important procedure in treating nasal obstruction and appears to be an effective option for allergic rhinitis and sleep disordered breathing as well. There is solid evidence supporting its use for nasal obstruction related to inferior turbinate hypertrophy. Additionally, some studies have demonstrated variations in the efficacy of the techniques available. Whichever technique is chosen, the surgeon should remember the normal physiologic role of the turbinates and consider the most conservative technique that will address the patient's issues. Complete resection of the inferior turbinate except in cases of neoplasm is strongly discouraged.

REFERENCES:

Cavaliere M, Mottola G, Iemma M. Monopolar and bipolar radiofrequency thermal ablation for inferior tubinates: 20-month follow-up. Otolaryngology Head Neck Surg. 2007 Aug;137(2):256-6.

Liu CM, Tan CD, Lee FP, et al. Microdebrider-assisted versus radiofrequency-assisted inferior turbinoplasty. Laryngoscope. 2009 Feb;119(2):414-8.

Passali D, Passali RM, Damiani V, et al. Treatment of inferior turbinate hypertrophy: a randomized clinical trial. Ann Otol Rhinol Laryngol. 2003 Aug;112(8):683-8.

Powell NB, Zonato AI, Weaver EM, et al. Radiofrequency treatment of turbinate hypertrophy in subjects using continuous positive airway pressure: a randomized, double-blind, placebo-controlled clinical pilot trial. Laryngoscope. 2001 Oct;111(10):1783-90.

Lin HC, Lin PW, Friedman M, et al. Long-term results of radiofrequency turbinoplasty for allergic rhinitis refractory to medical therapy. Arch Otolaryngol Head Neck Surg. 2010 Sep;136(9):892-5.

Gunhan K, Unlu H, Yuceturk AV, et al. Intranasal steroids or radiofrequency turbinoplasty in persistent allergic rhinitis: effects on quality of life and objective parameters. Eur Arch Otorhinolaryngol. 2011 Jun;268(6):845-50.

ARS Summer Sinus Symposium 2013: A Look Ahead

Rakesh Chandra, MD, Kevin C. Welch, MD, James N. Palmer, MD

The 2012 ARS Summer Sinus Symposium was a resounding success as a venue for community and academic otolaryngologists to share ideas on a variety of clinically oriented topics. The course directors are proud to update the Otolaryngology community on the program for 2013. The course will take place July 19 and 20, 2013 at the Westin Hotel in Chicago, IL.

The program will feature demonstration dissections from world-renowned experts using the latest technology. This will help surgeons refine their basic techniques and also broaden their skill sets to tackle new horizons. The faculty will represent a diverse array of otolaryngologists with a variety of interests and experiences. Perspectives will be shared from the entire spectrum, including community practitioners and academicians, young bucks and seasoned experts. A keynote address will be delivered by Dr. David Kennedy.

The first day will be a combined session with a panel format for critical issues to be discussed. Panel topics include the management of sinus headaches and facial pain, avoiding and managing complications in sinus surgery, salvaging hopelessly diseased sinuses, and the role of the rhinologist in management of cough, reflux, postnasal drip, and sleep-disordered breathing. There will also be an emphasis on application of the latest technology such as balloons and drug-eluting stents. Audience interaction will be maximized to facilitate discussion with the panelists.

The second day will include a mixture of combined and breakout sessions where attendees can select from a variety of subspecialty topics such as the practice of allergy, rhinoplasty, pediatric rhinology, and orbital and skull base surgery. There will also be sessions that focus upon many important nuances of daily practice including patient advocacy, cost-effective medicine, billing and coding, and the Maintenance of Certification process. Again, each of these topics will be presented in panel format to foster interaction between panelists and attendees. Plans are also in the works for a memorable social event. Please come enjoy the fellowship of your Otolaryngology colleagues in one of America's great cities. Chicago has many engaging tourist attractions, as well as opportunities for shopping, dining, theater, and professional sports. It is also an ideal time of year to experience our famous lakefront which features cultural and musical festivals all summer.

For details visit
www.american-rhinologic.org/ars_courses

The ARS Summer Sinus Symposium 2012 was a resounding success. Educational, networking, and social opportunities provided an excellent forum participants and faculty to take advantage of all that the meeting had to offer. We look forward to another fantastic Summer Sinus Symposium in 2013!

American Rhinologic Society
Wendi Perez
Administrator
PO Box 495
Warwick, NY 10990

NON-PROFIT ORG.
US POSTAGE PAID
WINONA, MN
PERMIT NO. 193

If you would like have your upcoming rhinology meeting noted here, simply provide the editor with pertinent information: *newsletter@american-rhinologic.org*
The American Rhinologic Society does not endorse these meetings but simply provides the list as a service to its members.
The content of Nose News represents the opinions of the authors and does not necessarily reflect the opinions of the American Rhinologic Society.

The American Rhinologic Society Newsletter Editorial Office
c/o Sarah K. Wise, MD, Emory Department of Otolaryngology, 550 Peachtree St., MOT 9th Floor, Atlanta, GA 30308
Editor: Sarah K. Wise, MD I skmille@emory.edu

The American Rhinologic Society wants YOU!

Note from the President:

If you are a general otolaryngologist working in a community setting, the American Rhinologic Society wants you! We want you to be a member, and we want you to participate in the committee structure and leadership of the society. The ARS is the only society within otolaryngology dedicated to promoting education, research, and advocacy issues related to rhinology, sinus, and skull base surgery. Our journal, *International Forum of Allergy and Rhinology,* is the largest circulation rhinology journal presenting cutting edge and relevant rhinology information in an age of Maintenance of Certification--and it's a benefit of your membership. In short, the American Rhinologic Society deals with the issues you deal with and is concerned with the issues you are concerned with. Numbers matter - **please consider joining, and getting involved, in our society.**

Please return to: American Rhinologic Society, PO Box 495, Warwick, NY 10990
Fax: 845-986-1527, Email: *ars.administration@gmail.com*

Please Print Clearly:

First Name: ______________________ Last Name: ______________________ Degree: ________________________

Business Address: ____

City:________________________ State:___________ ZipCode:__________________

Tel:_________________________ Ext.______ Fax: _____________________________

Email: _________________________________ Web Address:___________________

*The ARS wants to serve our members. Please help us get to know you.*Please list issues that you feel are important to the field of Otolaryngology:

1) ____

2) ____

Please list committees that you may be interested in participating in: *For a complete list of ARS committees, please go to www.american-rhinologic.org*

1) ______________________________________ 2) ______________________________________

3) ______________________________________ 4) ______________________________________

Are you in Private Practice? __Yes __ No

Current Hospital affiliation: ______________________________________ Academic Title: ________________________

Have you ever attended an ARS meeting? __Yes __ No If yes, when? ______________________________