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

REGISTRATION FORM
January 31st – February 5th, 2014

**Lende Conference:** *Registration fee includes morning and afternoon meeting sessions beginning Saturday February 1st - Wednesday February 5th, 2014, five breakfasts (not transferable), four lunches, Opening and Closing Receptions. Family Movie Night and Super Bowl Party.

**$550.00 per physician** $_____

**$250.00 per Nurse, Physician Assistant or Nurse Practitioner** $_____

**$150.00 per Resident or Fellow** $_____

**SOCIAL ACTIVITIES:**

| **BREAKFAST:** | | **ATTENDEE @ N/C** 7:00-8:00 am | | **SPOUSES/GUESTS @ $25.00 ea.** Certificate will be given to use in Restaurant | |
|---|---|---|---|---|---|
| Saturday, | Feb 1st | #_____ | $ N/C | #_____ | $_____ |
| Sunday, | Feb 2nd | #_____ | $ N/C | #_____ | $_____ |
| Monday, | Feb 3rd | #_____ | $ N/C | #_____ | $_____ |
| Tuesday, | Feb 4th | #_____ | $ N/C | #_____ | $_____ |
| Wednesday, | Feb 5th | #_____ | $ N/C | #_____ | $_____ |

**TOTAL: $_____**

**FRIDAY, January 31, 2014**

| | | | |
|---|---|---|---|
| 7:00 – 8:30 pm | Lende Opening Reception | # attending _____ | $ N/C |

**SATURDAY, February 1, 2014**

| | | | |
|---|---|---|---|
| 12:30 –2:00 pm | Family Ski Lunch in Golden Cliff | # attending _____ | $ N/C |
| 7:30 – 9:30 pm | Family Movie Night | # attending _____ | $ N/C |

**SUNDAY, February 2, 2014**

| | | | |
|---|---|---|---|
| 9:00 am | Physician's Group Photo | | |
| 12:30 – 2:00 pm | Family Ski Lunch in Golden Cliff | # attending _____ | $ N/C |
| 6:30 pm | Super-Bowl Party | # attending _____ | $ N/C |

**MONDAY, February 3, 2014**

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

**TUESDAY, February 4, 2014**

| | | | | |
|---|---|---|---|---|
| 12:30 – 2:00 pm | Family Ski Lunch in Golden Cliff | # attending _____ | $ N/C | |
| 6:30 – 8:00 pm | Closing Family Reception | | | |
| | Adult | # attending _____ | | $ N/C |
| | Child | # attending _____ | $ N/C | |

**WEDNESDAY, February 5, 2014**

| | | | |
|---|---|---|---|
| 7:30 am | 1st Tram Adventure | | |
| | @ $25.00 person | # attending _____ | $_____ |

**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 return your registration form as soon as possible. They are accepted in the order they are received.**

(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 15, 2014!**
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 15 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)**

**40th ANNUAL**
**RICHARD LENDE WINTER NEUROSURGERY CONFERENCE**
**Jointly Sponsored by the AANS**

**January 31st – February 5th, 2014**
**Cliff Lodge Conference Center**
**Snowbird, Utah**

## 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 Friday January 31st , 2014 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 15, 2014. 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, Jan 31st, between 6:30 pm –8:00 pm, with **the actual didactic sessions beginning on Saturday morning, February 1st, 2014.** 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, January 31 st, 2014 from 6:30 pm – 8:00 pm. On Saturday, February 1st , 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 December 15, 2012, it is on an as-available basis.**

**CLIFF LODGE ROOM RATES**
**Prices only available until December 31, 2013**

**HOTEL CHECK IN/OUT**
Check in: 4:00 pm Check Out: 11:00 am

**Cliff Lodge:**

Standard Bedroom (1-4 persons).....…….....$ 269.00 plus tax and $20.00 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 Sponsored by the AANS**

## ACCREDIATION/DESIGNATION

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

## 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 15, 2014**. 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 January 15, 2014 , NO REFUNDS after this date.

**FUTURE MEETING DATE** January 30th , 2015 – February 4th , 2015

*****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 current use of spinal instrumentation for degenerative spine disease.
2) Discuss the contemporary clinical trials available available for patients with glioblastoma
3) Define decision making algorithms for management of spinal disease.
4) Clarify surgical, radiation, and chemotherapeutic options for patients with tumors.

### SOCIAL ACTIVITIES

| | | |
|---|---|---|
| **FRIDAY** | | |
| January 31st | 6:30 -8:00 pm | Opening Cocktail Party, Ballroom I |
| **SATURDAY** | | |
| Feb 1st | 12:30 – 2:00 pm | Lende Participants Family Ski Lunch |
| | 7:30 pm | Family Movie Night |
| **SUNDAY** | | |
| Feb 2nd | 9:00 am | Physician's Group Photo |
| | 12:30 – 2:00 pm | Lende Participants Family Ski Lunch |
| | 6:30 pm | Super-Bowl Party |
| **MONDAY** | | |
| Feb 3rd | 12:30 – 2:00 pm | Lende Participants Family Ski Lunch |
| **TUESDAY** | | |
| Feb 4th | 12:30 – 2:00 pm | Lende Participants Family Ski Lunch |
| | 6:30 – 8:00 pm | Closing Family Reception |
| **WEDNESDAY** | | |
| Feb 5th | 7:30 am | First Tram Adventure (prior to meeting) |

### TENATIVE SCIENTIFIC PROGRAM

| | |
|---|---|
| **SATURDAY** | 8:00 - 10:30 am Tumor |
| | 4:00 - 6:30 pm Research |
| **SUNDAY** | 8:00 - 10:30 am Spine |
| | 4:00 - 6:30 pm Spine |
| **MONDAY** | 8:00 – 10:30 am Pediatric |
| | 4:00 – 6:30 pm Vascular |
| **TUESDAY** | 8:00 – 10:30 am Stereotactic |
| | 4:00 – 6:30 pm Skull Base |
| **WEDNESDAY** | 9:00 – 11:00 am Tumor/Research |

**MEETING ABSTRACT FORM**

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

**January 31st – February 5th, 2014**
**Snowbird, Utah**

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

Based on attendee feedback for our 2013 meeting, many attendees requested more information pertaining to spinal nonsurgical and surgical procedures and brain tumor treatment plans and research. We are developing the agenda to meet the learning needs of our attendees. We would like to make a special request to you for abstracts on these topics.

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 15, 2014**

PLEASE REMEMBER TO MAIL DISCLOSURE STATEMENT TOO!

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**TITLE:**

**OBJECTIVE:**

**SPEAKER:** **CITY/STATE:**

**AUTHORS:**

**ABSTRACT:**

American Association of Neurological Surgeons

**Jointly Sponsored by the AANS**

AANS Disclosure of Financial Relationships

**Name** **Activity/Date** **Richard Lende Neurosurgery Conference**

ACCME's Updated Standards for Commercial Support requires that anyone in a position to control the content of the education activity has disclosed all financial relationships with any commercial interest (see Glossary of Terms below).
If you indicate on this form that you may have a conflict of interest, you are asked to excuse yourself from any portion of the educational activity where a commercial bias might exist. Please indicate your financial relationships by checking the appropriate box below: (PLEASE NOTE: This disclosure is valid for 12 months…please update as needed). This information will be made available to participants prior to the beginning of any CME activity of which you are a part.

☐ **I do not have any financial relationships with any commercial interests. (Stop and sign below)**

☐ **I will disclose below the receipt of anything of value from a commercial entity or other party that directly affects the content of any educational activity. Failure to disclose will disqualify me from any discussions where a potential bias could exist. For the purpose of this disclosure, ACCME considers the financial relationships of your spouse/partner/co-author to be included as yours (Please continue and sign below)**

- List the names of proprietary entities producing 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 or co-authors 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 or co-authors to be included as yours.
- Clarify what you or your spouse/partner/co-authors 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 _____

## Glossary of Terms

*Commercial Interest*

The ACCME defines a "commercial interest" as any proprietary entity producing health care goods or services consumed by, or used on, patients.

### *Conflict of Interest*

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

*Financial relationships*

The ACCME defines "financial relationships" as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (i.e., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received and/or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse/partner.

*Relevant financial relationships*

The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

**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