



# OHIO STATE NEUROSURGICAL SOCIETY ANNUAL DUES INVOICE

|                  | Please complete information below: |
|------------------|------------------------------------|
| NAME:            |                                    |
| TITLE:           |                                    |
| ORGANIZATION:    |                                    |
| STREET ADDRESS:  |                                    |
| CITY, STATE, ZIP |                                    |
| WORK PHONE:      |                                    |
| MOBILE PHONE:    |                                    |
| EMAIL ADDRESS:   |                                    |

  

| DESCRIPTION   | AMOUNT   |
|---|----------|
| 2012 Active Member Dues (voting rights):                    | \$150.00 |
| 2013 Active Member Dues (voting rights) <i>PRE-PAYMENT*</i> | \$140.00 |
| Educational Contribution:                                   | \$       |
| TOTAL:  | \$       |

*\*OPTIONAL: Prepay 2013 dues now to obtain discounted rate*

*Please send this form and remit payment payable to:*

**Ohio State Neurosurgical Society**  
Riverhills Neuroscience, Neurosurgery Division  
10550 Montgomery Road, Suite 33  
Cincinnati, OH 45242

**Thank You  
For  
Your Support  
of  
OHSNS**

*If you have any questions concerning this invoice, please contact:*

**Dale S. Horne, MD, PhD, FACS**  
[dhorne@ohsns.org](mailto:dhorne@ohsns.org)  
Phone (513) 936-1390  
Fax (513) 791-5306

*Please plan to attend our Annual Meeting, which will be held:*

Saturday, April 28, 2012  
Kingsgate Marriott Convention Center  
151 Goodman Drive  
Cincinnati, OH 45220

VISIT our Website at [www.OHSNS.org](http://www.OHSNS.org) for the Latest Meeting Agenda