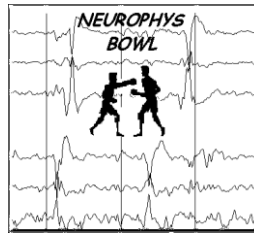


# American Clinical Neurophysiology Society



## Contestant Sign-Up Sheet

Please complete the information below if you are interested in applying to participate as a team contestant in the ACNS Neurophys Bowl. Topics will include mostly Epilepsy/EEG and Neuromuscular/EMG/NCS, but will also cover sleep/PSG and autonomic disorders. Teams will consist of four members. Categories are either "**Up and Coming**", composed of residents and/or fellows, or "**Old and Wise**", composed of attending neurophysiologists and/or private practitioners. All members of a team must be in the same category (Up and Coming, or Old and Wise). Within each category you may request to participate as an individual or as a member of a specific team. If selected to participate as an individual, you will be assigned to a team. If selected to participate as part of a team, all other members of your team must register for the meeting before your team will be considered.

Priorities for resident/fellows participating as individuals and teams will be given to those who have submitted an abstract to the meeting. Secondary priority will be given to order of registration. Final selection of participants will be decided by ACNS faculty.

*Everyone is encouraged to participate.*

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Please check one:

"**Up and Coming**" - Resident/Fellow (currently in training program)

"**Old and Wise**" (completed all training)

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**Individual** - area(s) of expertise:

\_\_\_ Epilepsy/EEG \_\_\_ Neuromuscular/EMG \_\_\_ Sleep/PSG \_\_\_ Autonomic \_\_\_ Other (specify) \_\_\_\_\_

- or -

**Team** - Team Name (may be changed or determined later): \_\_\_\_\_

1) Name (first name listed will be Captain for teams): \_\_\_\_\_ email: \_\_\_\_\_  
Institution: \_\_\_\_\_ phone: \_\_\_\_\_

2) Name \_\_\_\_\_ email: \_\_\_\_\_  
Institution: \_\_\_\_\_ phone: \_\_\_\_\_

3) Name \_\_\_\_\_ email: \_\_\_\_\_  
Institution: \_\_\_\_\_ phone: \_\_\_\_\_

4) Name \_\_\_\_\_ email: \_\_\_\_\_  
Institution: \_\_\_\_\_ phone: \_\_\_\_\_