



**THE PITTSBURGH COURSE:  
COMPREHENSIVE ENDOSCOPIC ENDONASAL SURGERY OF THE SKULL BASE  
2026 Registration REQUEST Form**

**\*\* Please type or print your answers in ALL CAPITAL letters \*\***

Space is limited at each course. If we can accommodate you at the course of your choosing, you will receive an invitation and registration form by email. The registration form will need to be completed and returned together with payment in full within 30 days. Please do not make any travel arrangements until you have received an email confirmation of your registration.

NAME (Given Name/Surname): \_\_\_\_\_

SPECIALTY (ENT/Neurosurgery): \_\_\_\_\_

NAME OF UNIVERSITY or HOSPITAL: \_\_\_\_\_

CURRENT POSITION/TITLE: \_\_\_\_\_

*If resident/fellow, list what your year of training will be at the time of the course*

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

COUNTRY if outside USA: \_\_\_\_\_

EMAIL ADDRESS FOR ALL COMMUNICATIONS: \_\_\_\_\_

**Using a 1 to indicate your first choice and a 2 for your second choice, please place the appropriate number beside ONLY those courses you are available to attend:**

\_\_\_\_\_ June 1-3, 2026 (Monday thru Wednesday)

\_\_\_\_\_ October 5-7, 2026 (Monday thru Wednesday)

**Please place an "X" beside your registration category:**

\_\_\_\_\_ TEAM (*teams are preferred and given priority*)

Teammate's Name: \_\_\_\_\_

Teammate's Email Address: \_\_\_\_\_

\_\_\_\_\_ SINGLE BUT I AGREE TO BE PAIRED WITH A SINGLE NEUROSURGEON TO FORM A TEAM

**Please place an "X" beside your visa status:**

\_\_\_\_\_ I hold a current visa or do not need one to enter the USA

\_\_\_\_\_ I will need to apply for a visa to enter the USA

Email completed form to Mary Jo Tutchko, Course Manager at: [skullbasecourse@upmc.edu](mailto:skullbasecourse@upmc.edu). Requests are processed in the order in which they are received.