

REGISTRATION POLICY

Registrations should be completed using the conference website. Alternatively, you may submit a completed registration form with a transfer receipt or a Credit Card authorization form to the technical secretariat. Registration forms can be downloaded from the Registration Area on the website.

(*) E-mail

PERSONAL INFORMATION

(*)First name (*)Last name Passport/DNI

(*)Post Code (*) City (*) Postal address

(*) Phone number

If you have special dietary needs (vegetarian, celiac, etc.) please write it down here:

REGISTRATION FEES

(*) Country

Registration fee	Until 31/12/2024	Until 30/04/2025	Until 30/09/2025	From 01/10/2025	
ENT PHYSICIANS - SOCHIORL MEMBERS (CHILE)/ NO OUTSTANDING PAYMENTS REQUIRED (****)	300 USD	400 USD	420 USD	550 USD	The registration fee includes: coffee breaks, access to scientific sessions, does not include access to workshops, welcome cocktail on Wednesday, certificates, taxes. (*) will have to send documentation of their current status (**) will have to be registered for the congress. (***) does not include access to congress activities. Registration for the congress is required in order to attend the practical courses. (****) Dear members: We inform you that it is necessary to pay the 2025 fee of the SOCHIORL in order to enjoy the reduced fee of the Congress. It is made this way to maintain an order of the incomes and thus, our members can acquire a benefit. Transportation is not included in the registration price. IMPORTANT: No registration will be processed without simultaneous payment. Important: in order to send you the certificates with the credits granted for the scientific activities, we need you to indicate your complete data and email.
PHYSICIANS(maxillofacial surgeon, head and neck surgeon, dentist)	350 USD	500 USD	625 USD	750 USD	
PROFESSORS PARTICIPATING IN THE PANAMERICAN	350 USD	500 USD	625 USD	750 USD	
SENIOR ENT PHYSICIANS (+65 YEARS) - SOCHIORL MEMBERS (Chilean Society of Otolaryngology)	0 USD	0 USD	0 USD	100 USD	
ENT RESIDENTS (*)	150 USD	200 USD	250 USD	300 USD	
MEDICAL STUDENTS (*)	150 USD	200 USD	250 USD	300 USD	
NON-PHYSICIAN ALLIED PROFESSIONALS (speech therapist, technologist, audiologist, kinesiologist, nurse, psychologist)	125 USD	150 USD	185 USD		
DINNER FRIDAY, NOVEMBER 14 (**)	130 USD	130 USD	130 USD	130 USD	
1 DISSECTION WORKSHOP (***)	1500 USD	1500 USD	1500 USD	1500 USD	
2 DISSECTION WORKSHOP (***)	2800 USD	2800 USD	2800 USD	2800 USD	
RHINOPLASTY WORKSHOP (***)	2500 USD	2500 USD	2500 USD	2500 USD	
SWALLOWING WORKSHOP (***)	90 USD	90 USD	90 USD	חפוו חם	
DEEP PLANE FACELIFT WORKSHOP (***)	2500 USD	2500 USD	2500 USD	2500 USD	
AIRWAY WORKSHOP (***)	900 USD	900 USD	900 USD	900 USD	
LARYNGOLOGY WORKSHOP (***)	350 USD	350 USD	350 USD	350 USD	
Dinner Friday, November 14 (**)	130 USD	130 USD	130 USD	130 USD	
Inaugural cocktail for companions	90 USD	90 USD	90 USD	90 USD	
KARAOKE			50 USD	50 USD	

PERSONAL ACCESS

Once the registration process is complete, you will receive a confirmation email with your username and password. By entering this data in the "Private area" section you will access to your private area where you can consult and manage your activities in the event.

REGISTRATION CHANGES AND CANCELLATION POLICY

NAME CHANGES

Can only be made until October 9, 2025. There will be no additional charge. No changes will be accepted after this date.

To make a name change, you must complete the registration form (pdf) with the data of the new conference participant and send it to the Secretariat of the conference, by e-mail inscripciones@panamorl2025.com

CANCELLATION

Cancellations must be made in writing and communicated to the following e-mail inscripciones@panamorl2025.com

- Until September 30, 2025: cancellation of registration will result in the loss of 50% of the registration fee.
- Starting October 1, 2025: cancellation of registration will result in the loss of 100% of the registration fee.
- All refunds will be made after the event has ended and must be requested before the event begins. Once started, no exchanges or returns will be accepted.

METHOD OF PAYMENT

Via credit card: In this case you must submit:

MASTERCARD Card type: **VISA**

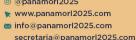
Card name:

Account holder:

Expiration Date:

NOTE: Administration fees and currency exchange costs which may come up from these transactions must be covered by the delegate.

Signature



C +56 9 4467 9469















By checking this box I consent to the processing of my data for this and other events organized by FASE 20 S.L., as described in this document. By signing this document, I declare that I have been thoroughly informed in regard to the processing of my data. In accordance with the provisions of the European Data Protection Regulation 2016/679, we inform you that the data and information you provide us through this means will be treated by FASE 20 S.L. with TAX ID B-18093591 and official address in C/ Narváez, 15, 1º Izda. 28009, Madrid, for the purpose of making effective the registration and reservation of accommodation, and to receive information of various kinds at the email address you have given us related to the activities to be carried out during the Congress to which you have requested to be registered in. The data provided will be kept as long as its original owner does not request its cessation and will not be transferred to third parties, except in cases where there is a legal obligation. You have the right to access your personal data, request to correct inaccurate data, or request its deletion when the data is no longer necessary for the purposes that were collected, as well as any rights recognized in the GDPR 2016/679, by contacting the following email address: rgpd@fase20.com You may find more information on data protection policy on our website: https://panamorl2025.com/

