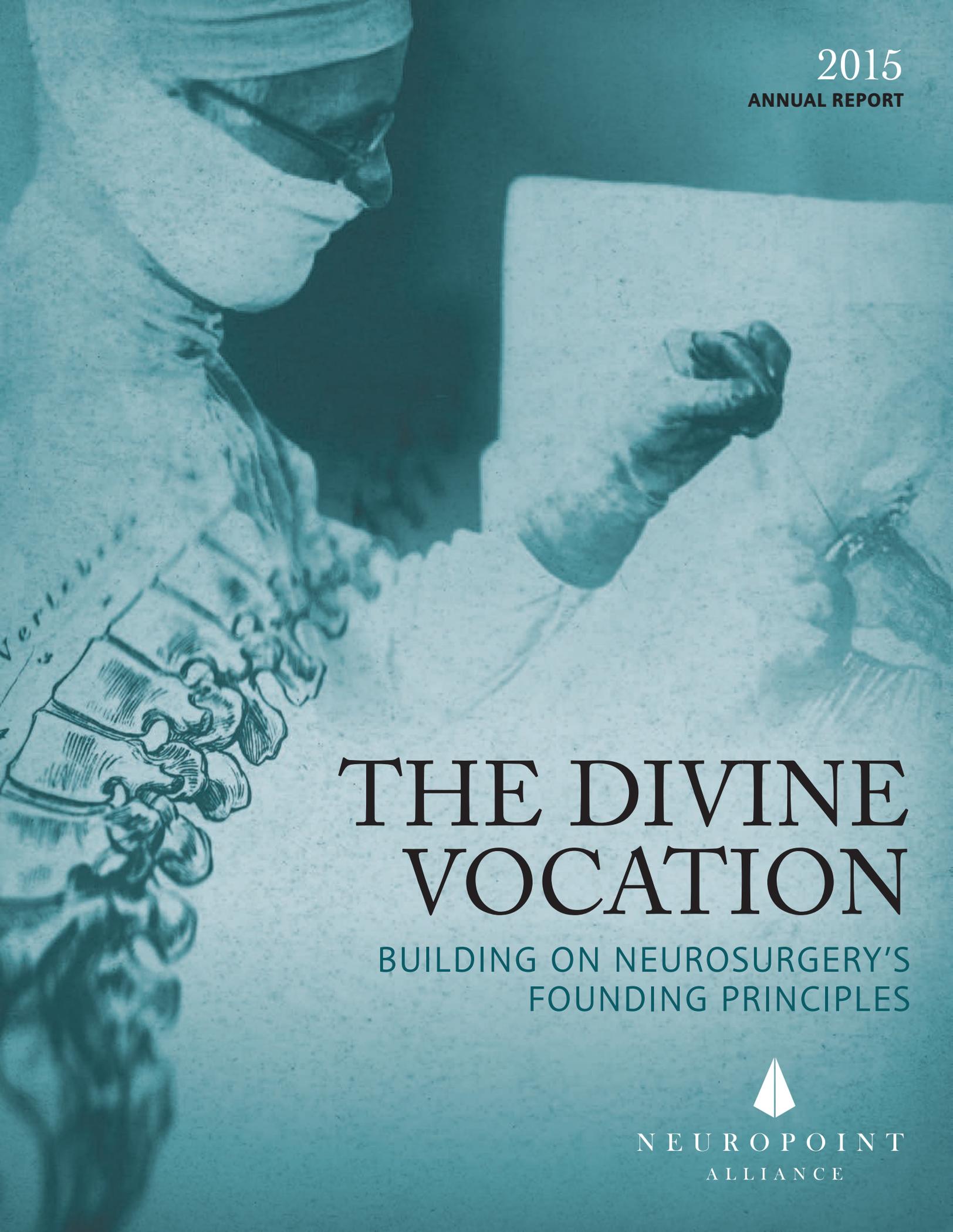


2015
ANNUAL REPORT



THE DIVINE VOCATION

BUILDING ON NEUROSURGERY'S
FOUNDING PRINCIPLES



NEUROPOINT
ALLIANCE

NPA CHAIR'S MESSAGE



Our specialty has been extremely well-positioned to provide the kind of infrastructure support our members need to succeed in a very new health-care environment. All surgical fields are being confronted with an absolute requirement to document the value added by the procedures they perform. The

stakeholders challenging us for such information include patients themselves, licensing boards, hospital credentialing processes, third-party payers and the federal government. To optimally position our members, the AANS created NeuroPoint Alliance (NPA) in 2008. NPA was created as a not-for-profit 501(c)(6) corporation designed to allow neurosurgery to carry out a variety of national projects that involve the acquisition, analysis and reporting of clinical data from neurosurgical practice using online technologies. NPA is designed to meet the quality care and research needs of individual neurosurgeons and practices, national organizations, health-care plans, the biomedical industry and government agencies. This corporation is run by a board of directors who are appointed from the AANS, American Board of Neurological Surgery (ABNS),

Congress of Neurological Surgeons (CNS), Society of Neurological Surgeons (SNS) and the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. For the last several years, NPA has been involved with data collection for the ABNS primary certification and maintenance of certification processes, as well as numerous registries for neurosurgical procedures. Collaborations also exist between NPA and the Vanderbilt Institute for Medicine and Public Health (VIMPH), Quintiles/Outcomes and Aceso.

Major Milestones

As of April 2015, NPA has received the final acceptance required from the Centers for Medicare and Medicaid Services (CMS) to officially identify the National Neurosurgery Quality and Outcomes Database (N²QOD) as a Qualified Clinical Data Registry (QCDR) for 2015. NPA submitted its application on Jan. 31, 2015, and on April 3, 2015, obtained final approval on 21 novel, “non-PQRS” (i.e. not existing Physician Quality Reporting System (PQRS)) measures developed by leading quality experts in our specialty. Importantly, these measures are the first specialty-specific measures for neurosurgery approved for public reporting and will provide a meaningful method for neurosurgeons to use in programs such as PQRS. It is important to note that numerous individuals contributed

Embedded in its success is the collaborative nature of our neurosurgical organizations speaking with one voice in support of our patients.

to the development of this successful application, including a group of young surgeon-scientists (principal residents and their attendings) who will be an important part of NPA's future leadership. We are most indebted to Anthony L. Asher, MD, FAANS, for his leadership on this initiative.

The NPA's largest effort, the N²QOD is a prospective clinical registry designed to generate high-quality neurosurgical patient outcomes data. Participation in N²QOD requires centers to purchase access to the database, commit to at least three years of data collection and employ a data manager who has at least 50-percent commitment to this project. In February 2012, the N²QOD lumbar spine module was piloted in three academic centers. This program has rapidly expanded. As of May 31, 2015, 66 centers are participating, and contracts are in final stages for five additional sites. Seventy-one centers have achieved institutional review of the project, nearly 16,000 patients are currently enrolled in the lumbar module, and 5,000 are enrolled in the cervical module. Fourteen groups are now participating in the spinal deformity module.

New Ventures

A number of new projects have also been launched since our last Annual Report. The ECIC Bypass Study is a prospective registry evaluating bypass for carotid occlusion with persistent or unstable symptoms failing medical management. Carlos A. David, MD, FAANS, is the lead investigator. The Cervical Spondylotic Myelopathy Surgical Trial is designed to determine optimal surgical approach for patients with multi-level cervical spondylotic myelopathy. Partnering with Aceso, Inc., NPA will provide data-collection services for this six-year study of 300 patients from 20 centers. Zoher Ghogawala, MD, FAANS, is the lead investigator. A new cerebrovascular module has been launched with six pilot sites entering data and an additional

seven in the process of training and/or contracting with NPA. Seven centers are now involved with QCDR measures and are entering data.

Collaborations have developed between the AANS, NPA, Neurosurgery Research and Education Foundation (NREF) and other organizations, including the Stereotactic Radiosurgery Registry with the American Society of Radiation Oncology and supported by Brainlab and Elekta. The AANS and the American Academy of Physical Medicine and Rehabilitation are involved in the development of a business plan to create a collaborative clinical data registry serving patients suffering from a variety of spinal disorders.

Clearly, NPA has gotten great traction and has an outstanding future. Embedded in its success is the collaborative nature of our neurosurgical organizations speaking with one voice in support of our patients. The AANS and NPA look forward to continued and rapid growth in support of our membership.

H. Hunt Batjer, MD, FAANS 2014-2015 NPA Chair

NEUROPOINT ALLIANCE: ADVANCING PATIENT CARE THROUGH THE SCIENCE OF PRACTICE

NeuroPoint Alliance (NPA) is designed to meet the quality care and research needs of a broad range of health-care stakeholders, including individual practitioners, practice groups, national professional organizations, health-care plans, the biomedical industry and government agencies, such as the U.S. Food and Drug Administration. Industry-sponsored studies can include randomized trials, registries and post-marketing surveillance of new devices. NPA's capabilities include outcomes research; universal data-reporting requirements for maintenance of certification (MOC), maintenance of licensure (MOL) and the physician quality reporting system (PQRS); and local and national quality improvement efforts.

NPA, partnering with Outcome/Quintiles, serves as the data collection agency for the ABNS candidate case logs and Maintenance of Certification (MOC) part 4 key case reporting requirements. NPA continues working with the ABNS regarding refinements to its existing MOC program.

Stereotactic Radiosurgery Registry

NPA's newest project in fiscal year 2015 was the Stereotactic Radiosurgery (SRS) Registry. A joint collaboration between the AANS, the American Society for Radiation Oncology (ASTRO) and the Neurosurgery Research and Education Foundation (NREF), the SRS Registry will establish national benchmarks for SRS treatments that provide clinicians and patients the data they need to make informed treatment decisions. The project will gather data from 30 diverse, high-volume centers, tracking the SRS treatment information of thousands of patients affected by brain metastases, benign brain tumors and arteriovenous malformations (AVMs).

"The AANS and ASTRO SRS registry should help to refine indications and techniques for radiosurgery. In the process, it should make radiosurgery safer and more effective for patients," said Jason P. Sheehan, MD, PhD, FAANS, and co-director of the SRS Registry.

Developing a registry of this scope would not have been possible without the financial support and collaboration of companies that recognized the value of the registry. Major sponsorship for the registry has been provided by Brainlab, who in addition to financial support has also donated custom software that extracts data from source documentation and transfers it into the registry's database, including image and DICOM RT treatment plan data.

"It is very exciting that after years of planning and preparation, we are now finally registering patients. I expect the pace of data collection to snowball over the next six months as more centers become active, and within a short time we should have a valuable mass of information about practice patterns and quality indicators for radiosurgery," commented Brian Kavanagh, MD, MPH.

In April 2015, the SRS Registry welcomed Elekta as a registry supporter. Elekta is working with NPA to customize software for the initiative and will be enrolling patients in centers in summer of 2015.

NPA



National Neurosurgery Quality and Outcomes Database

With more than 20,000 patients in its database at the end of FY15, N²QOD is the largest spine registry in North America. As a prospective registry designed by neurosurgeons and committed to long-term patient follow-up with patient-reported outcomes, N²QOD produces detailed, longitudinal data that is not possible for other registries. NPA works with the Vanderbilt Institute for Medicine and Public Health (VIMPH) to manage the collection and analysis of N²QOD data.

VIMPH has provided descriptive benchmarks and risk-adjusted variables in N²QOD reports to participating centers since 2013. In early 2015, VIMPH began providing individual-level surgeon reporting to participating centers that met patient enrollment requirements.

Working in collaboration, NPA and VIMPH finished phase one development of the N²QOD Online Spine Predictive Calculator. The calculator will be further refined and offered to participating centers by the end of 2015. Based on the predictive model for outcomes after lumbar surgery for degenerative disease, the calculator will take input of patient details, such as age, gender, employment, comorbidities, baseline pain, etc., and return histogram curves demonstrating and predicting the disability, pain and quality of life outcomes for the patient. The tool will be used in clinic by participating registry surgeons.

The N²QOD Lumbar Spine Registry is now in its fourth year. The Lumbar Spine Module was launched on Feb. 22, 2012, in three academic sites. By fiscal-year end, N²QOD had more than 21,000 patients enrolled in the Spine registry, across 50 participating sites.

In September 2014, after an 18-month maturation process, the N²QOD aggregate data was made available to participating centers. Data proposals are reviewed and evaluated by the N²QOD Data Use and Access Committee (DUAC) for scientific merit, analytic rigor, feasibility, clinical relevance and potential conflicts of interest. Manuscript development and scientific analyses of the N²QOD data has been a primary focus of the N²QOD Scientific Priorities Group who have several manuscripts in progress for publishing in late 2015. NPA expresses appreciation to the NREF for grant funds supporting the analytics of this work.



The N²QOD spine registry was rounded out in December 2014 with the addition of the N²QOD Deformity Module. The N²QOD Deformity Module was developed jointly with the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves and the Scoliosis Research Society. It is currently offered as an extension to the N²QOD Lumbar Module and is focused on non-complex deformity cases. In 2015, the N²QOD Deformity module will be further expanded, serving as a standalone, comprehensive module that will include radiographic imaging. By June 30, 2015, there were 14 centers participating in the Deformity Module.



Also in December 2014, the NPA introduced its first subspecialty module outside of spine, the N²QOD Cerebrovascular (CV) Module. The CV Registry, developed with the AANS/CNS Cerebrovascular Section, was launched first to existing registry centers and then opened to new centers in January 2015. The registry collects data on treatment for aneurysm, arteriovenous malformation, carotid stenosis, intra-arterial thrombolysis or mechanical thrombectomy and intraparenchymal hemorrhage. At the end of fiscal year 2015, there were six centers participating in the CV module.

As the N²QOD registries grow, NPA continues to focus on ways to optimize data collection through data automation and data integration with the electronic medical record (EMR). Pilot projects that began in 2014 moved into phase 2 testing in 2015, investigating automated data entry from the EMR and methods for longitudinal data collection, including patient portals.

Currently in development is a Brain Tumor Module for N²QOD. Recognizing that not all practices have the resources to participate in extensive longitudinal registries, NPA continues to work on developing a module to provide basic safety and quality data to the individual neurosurgeon, while also satisfying public reporting requirements, including MOC and PQRS.



In April 2015, the N²QOD became an approved Centers for Medicare & Medicaid Services (CMS) 2015 Physician Quality Reporting System (PQRS) Qualified Clinical Data Registry (QCDR), marking NPA's third year as a PQRS registry vendor and its first as a QCDR. NPA obtained final approval on 21 novel, "non-PQRS" (i.e., not existing PQRS) measures. Importantly, these measures are the first specialty-specific measures for neurosurgery approved for public reporting and will provide a meaningful method for neurosurgeons to use in programs such as PQRS.

"Securing QCDR status for N²QOD is a tremendously important accomplishment for our specialty. This exciting development gives neurosurgeons, for the first time, a set of specialty-specific measures for use in public quality reporting programs. This will ensure that data collected through our registries and used for PQRS is meaningful for neurosurgeons, their patients and other stakeholders," commented Anthony L. Asher, MD, FAANS, N²QOD director and vice-chair of NeuroPoint Alliance. Asher added, "Neurosurgery is 'all in' with the goal of substantively advancing the health-care quality paradigm.

"What we're really looking forward to is applying the information gleaned from the registry to positively impact outcomes," continued Asher. "Beyond clinical data collection, there has to be a commitment to quality improvement. As a specialty, we are dedicated to practical application of N²QOD data to encourage iterative improvements in care and facilitate enhanced patient outcomes."

Efforts of the data coordinators from N²QOD participating centers are instrumental to the registry's success. This group forms the Practice Based Learning Network (PBLN), which collaborates with surgeons and VIMPH in the development of education and training materials, mentoring to new data coordinators and assisting in the recruitment of new participating centers. This year the PBLN was led by Jennifer Beswick (University of Louisville), Darlene Brewer (Semmes Murphey), Melissa Mehrlich (Carolina Neurosurgery & Spine Associates), Cita Read (Winchester Medical Center-Valley Health) and Bonnie Weiss (Atlantic Neurosurgical Specialists).

Other notable projects conducted by the NeuroPoint Alliance in 2015 include the EC-IC Bypass Study and the Cervical Spondylotic Myelopathy (CSM) Surgical Trial. The ECIC Bypass Study is a prospective registry evaluating EC-IC bypass for carotid occlusion with persistent or unstable symptoms failing medical management. The study is accruing 80 patients from 11 centers, over three years with 24-month follow-up. Investigators are completing the testing period and expect to begin to accrue patients by summer 2015. Funds for the project were donated by a patient and matched by the Wallace Foundation. The purpose of the CSM-S study is to determine the optimal surgical approach for patients with multi-level cervical spondylotic myelopathy. There are no established guidelines for the management of patients with CSM, which represents the most common cause of spinal cord injury and dysfunction in the U.S. and in the world. The study will include 300 patients from 20 centers, over six years. The NPA has partnered with Aceso, Inc., for data collection for both of these projects.

Established in 2008 by the American Association of Neurological Surgeons to collect, analyze and report on nationwide clinical data from neurosurgical practices, NPA is supported by other neurological societies, including the Congress of Neurological Surgeons (CNS), Society of Neurological Surgeons (SNS) and the American Board of Neurological Surgery (ABNS). NPA is a not-for-profit 501(c)(6) corporation that coordinates a variety of national and international projects.

Driving Data, Improving Neurosurgery

John Joseph "Jack" Knightly, MD, FAANS



"Early in my career, I was encouraged to take a course on quality as it relates to medical outcomes, and my interest in the idea of quality has only grown since then," said John Joseph "Jack" Knightly, MD, FAANS. "When NeuroPoint Alliance (NPA) was formed it seemed like the right venue for neurosurgeons: NPA, through the National Neurosurgical Quality Outcomes Database (N²QOD), provides us a platform to collect clinical data proving what we do, as neurosurgeons, is beneficial for our patients' quality of life.

"Why is real data so important? The popular press cycles through 'spine surgery doesn't work' stories with frightening regularity. The real truth about the majority of spinal surgical procedures is glossed over as an 'inconvenient truth.' Surgically, when done on the right patient at the right time for the right procedure, we are improving patients' quality of life in the majority of cases. As individual surgeons, working with our own patients, we know this. We see what we can do for our patients. The power of NPA is that we, as a collective of surgeons, can aggregate information about surgeries and outcomes all across the country. This allows us to empirically prove our procedures work out there in the real world.

"Beyond showing the success, the data shows us where we need to improve. We can benchmark how we do at an individual, group or hospital level. Benchmarking to a norm shows the opportunities for improvement.

"The other side of this equation is what the data means to our patients. I find that when patients participate in decision-making regarding their treatment, we see a better clinical result. Accurate patient outcome percentages is the goal. With 16,000 patients already in the lumbar module, we can create a tool that allows me, as a surgeon, to sit with a patient, review the data that matches his or her profile and manage expectations."

Ralph Bobroski has been Knightly's patient twice and is part of the NPA patient outcome registry. Bobroski revealed, "I was more than comfortable going back to see Dr. Knightly when I needed a second surgery. He is very patient. He has a really great rapport with patients. I've been very pleased with my results and I'll continue to recommend him to family and friends. The seven years between my surgeries made for two very different kinds of recoveries; I hadn't realized what a difference I'd see in recovery having aged from 64 to 71."

"As powerful as the patient tool will be at an individual level, helping patients like Mr. Bobroski understand outcomes before experiencing outcomes, it will be even more powerful with regard to the profession. N²QOD will help with the new reality of medicine, managing experiences and costs," added Knightly.

"I think we are moving from today's pay-for-procedure model to a pay-for-performance reality," he continued. "Because of this, I liked helping to write neurosurgery's own report card, which was successfully submitted to CMS Physician Quality Reporting System (PQRS). Working with NPA to generate the first neurosurgery-specific reporting measures has been an objective, thoughtful and collaborative process. The data we collect through the NPA registries meets Qualified Clinical Data Registry (QCDR) requirements and is meaningful for neurosurgeons and our patients."

Another registry patient, Joanne Matina, had surgery at the age of 76 to address chronic and near debilitating back pain. She celebrated four months post-surgery by purchasing a trike motorcycle. "Dr. Knightly is the reason I'm on a motorcycle, even though he made me wait a few more months than I thought I needed. He relieves so much pain for people. Unless you've lived with that kind of chronic pain, I don't think you can really understand what it means to have it go away," said Matina.

Knightly, while pleased that Matina got the results they both hoped for, is less than pleased with her latest purchase.

John Joseph "Jack" Knightly, MD, FAANS, received his Bachelor of Arts from Franklin and Marshall College, Lancaster, Pa., and his medical degree from The University of Medicine and Dentistry of New Jersey, Newark, N.J. He completed his post-graduate training and residency training at the Bethesda Naval Hospital, Bethesda, Md. Dr. Knightly completed a research fellowship in the surgical neurology branch of the National Institutes of Health and in pediatric neurosurgery at The Children's Hospital in Boston. He completed advanced training in trauma at the Shock-Trauma Center in Baltimore. In addition, Dr. Knightly completed a fellowship in complex spine with Volker Sonntag, MD, FAANS(L), at The Barrow Neurological Institute in Phoenix. He is the director of neurosurgery at Morristown Memorial Hospital and the vice-chairman of Atlantic Health Institute in Morristown, N.J., where he also serves as the medical director of the neuro-spine team.

NPA

AANS AND RELATED ORGANIZATIONS FISCAL 2015 FINANCIAL SUMMARY

The American Association of Neurological Surgeons (AANS) finished the year slightly in the black, despite an original budget that anticipated a loss in FY15. There were several contributors to the success. The 83RD AANS Annual Scientific Meeting performed better than forecast, enjoying record-breaking attendance. Despite a challenging investment environment, the AANS investments exceeded forecast. And, in anticipation of the budget challenges, management worked to reduce spending in administrative areas.

NeuroPoint Alliance (NPA), which had operated at a loss since its inception, enjoyed its' first year of profitability, albeit a modest one. With its performance in FY15, the NPA is beginning to move into the role of financial contributor. The NPA has solidified and grown its N²QOD base and moved into contract studies, such as the \$3 million three-year Stereotactic Radiosurgery (SRS) Registry. Now, in addition to the AANS' and NREF's ongoing efforts to add value to the science of neurosurgery, the NPA is making a significant foray into the area of medical outcomes, supporting the science of practice.

The Neurosurgery Research and Education Foundation, in its second year as a stand-alone corporation, experienced a loss on its books of approximately \$137,000. In great part, the loss can be attributed to the rapid expansion of the new Honor Your Mentor (HYM) fundraising initiative. Gifts to the HYM funds are restricted in nature and, therefore, are not included as a part of the NREF's financials. A fuller picture of the NREF's performance in FY15 reveals that the first full year of the HYM program saw pledges of nearly \$1.2 million, \$700,000 of which has already been collected.

This report reflects the financial statements of the AANS, the NREF and the NPA covering the period of July 1, 2014 to June 30, 2015.

While the year-end financials of the AANS, the NREF and the NPA are audited by outside auditors, this annual report is being prepared prior to a completed audit and contains unaudited final numbers. Any material differences between a published financial statement and the auditor's report will be communicated to AANS members in AANS Neurosurgeon. Copies of the most recent audit are available to members by writing to: AANS Accounting Department, 5550 Meadowbrook Drive, Rolling Meadows, IL 60008-3852.

AANS AND RELATED ORGANIZATIONS

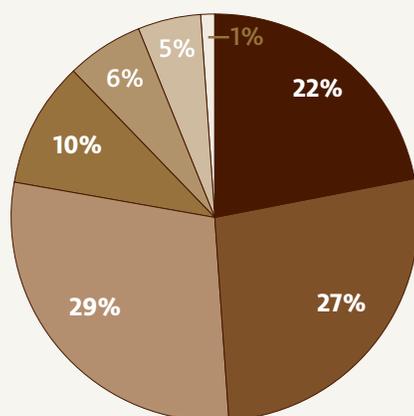
STATEMENT OF FINANCIAL POSITION 06/30/2015

ASSETS 2014-2015	AANS	NREF	NPA	Consolidated
Cash and Investments	\$22,162,282	\$4,708,743	\$167,054	\$27,038,079
Other Current Assets	563,427	0	403,618	967,045
Property and Equipment, net	3,040,742	0	0	3,040,742
Other Assets	9,573,626	803,417	1,291,101	11,668,144
TOTAL ASSETS.....	\$35,340,077	\$5,512,160	\$1,861,773	\$42,714,010

LIABILITIES AND EQUITY	AANS	NREF	NPA	Consolidated
Liabilities				
Accounts Payable.....	\$7,592,523	\$1,125,302	\$1,166,663	\$9,884,488
Deferred Revenues.....	2,706,426	243,000	863,956	5,778,972
TOTAL LIABILITIES.....	\$12,264,539	\$1,368,302	\$2,030,619	\$15,663,460
Equity				
Beginning Net Assets	\$22,985,544	\$4,281,839	\$(197,050)	\$27,070,333
Net Income.....	89,994	(137,981)	28,204	(19,783)
TOTAL EQUITY	\$23,075,538	\$4,143,858	\$(168,846)	\$27,050,550
TOTAL LIABILITIES AND EQUITY	\$35,340,077	\$5,512,160	\$1,861,773	\$42,714,010

AANS AND RELATED ORGANIZATIONS INCOME STATEMENT For the Year Ended 06/30/15

Revenue	AANS	NREF	NPA	Consolidated	% of total revenue
Dues/Contributions Income	\$2,592,179	0	\$1,788,459	\$4,380,638	22%
Annual Meeting Income.....	5,413,407	0	0	\$5,413,407	27%
Publications	5,673,917	0	0	\$5,673,917	29%
EPM	1,945,783	0	0	\$1,945,783	10%
Fundraising	0	\$1,203,411	0	\$1,203,411	6%
Resident & Clinical Courses	0	\$1,035,066	0	\$1,035,066	5%
Investments	162,121	\$48,070	0	\$210,191	1%
Total Revenue	\$15,787,407	\$2,286,547	\$586,750	\$19,862,413	



CONSOLIDATED REVENUE SOURCES

- Dues/Contributions Income
- Annual Meeting Income
- Publications
- EPM
- Fundraising
- Resident and Clinical Courses
- Investments

AANS

AANS Mission Statement

The American Association of Neurological Surgeons (AANS) is the organization that speaks for all of neurosurgery. The AANS is dedicated to advancing the specialty of neurological surgery in order to promote the highest quality of patient care.

AANS Vision Statement

- The American Association of Neurological Surgeons will ensure that neurosurgeons are recognized as the preeminent providers of quality care to patients with surgical disorders that affect the nervous system.
- The American Association of Neurological Surgeons will work to expand the scope of neurosurgical care as new technologies and treatments of neurological disorders become available.
- The American Association of Neurological Surgeons will be the organization speaking for neurosurgery through its communications and interactions with the public, media, government, medical communities, and third-party payers.
- The American Association of Neurological Surgeons will be its members' principal resource for professional interaction, practice information and education.
- The American Association of Neurological Surgeons will promote and support appropriate clinical and basic science to expand the scope of neurosurgical practice.

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