

# NEW ENGLAND SECTION OF THE AMERICAN UROLOGICAL ASSOCIATION 2017 ANNUAL MEETING REGISTRATION FORM

Please Print Clearly or Type

Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

License # \_\_\_\_\_ State Licensed in \_\_\_\_\_

Spouse/Guest Name: \_\_\_\_\_ Spouse/Guest Email: \_\_\_\_\_

*\*Only if Attending*

## REGISTRATION FEES

	Before 8/7/17	After 8/7/17	Onsite 9/7/17	<u>Total</u>
_____ NE-AUA Member	\$375	\$425	\$475	\$ _____
_____ AUA Member	\$375	\$425	\$475	\$ _____
_____ Guest Physician	\$450	\$500	\$550	\$ _____
_____ Resident/Fellow	\$185	\$225	\$225	\$ _____
_____ Resident/Fellow Presenting				<b>Complimentary</b>
_____ Post Graduate Candidate	\$375	\$425	\$475	\$ _____
_____ Advanced Practice Provider	\$185	\$225	\$225	\$ _____
_____ Allied Health Professional	\$185	\$225	\$225	\$ _____
_____ Fall Congress Pass – Thursday Only*	\$100	\$125	\$150	\$ _____
_____ Non-Exhibiting Industry	\$950	\$1,000	\$1,050	\$ _____
_____ Peer Review Seminar Course (Wednesday September 6, 2017)				<b>Complimentary</b>
_____ Spouse/Guest	\$150	\$175	\$200	\$ _____
_____ Guest Banquet Dinner Ticket	\$100	\$100	\$100	\$ _____

*\*For attendees of the Pediatric Urology Fall Congress being held  
September 8-10, 2017 at the Fairmont Hotel Montreal*

<b>AMOUNT DUE:</b> \$ _____
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## METHOD OF PAYMENT

Please charge my registration fees to the following credit card:



Name As It Appears on Credit Card: \_\_\_\_\_

Billing Address of Card Holder:  Same as Above or \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_ (See card images)



Signature: \_\_\_\_\_

I would like to pay by check (enclosed).

Please make checks (in U.S. funds) payable to: NE-AUA, 500 Cummings Center, Suite 4400, Beverly, Massachusetts 01915  
Phone: 978-927-8330 ♦ Fax: 978-524-0461 ♦ www.neaua.org

Please contact me regarding special needs.

All requests for cancellations must be received in writing. If a written request of cancellation is received at the Section's Administrative Office prior to Monday, August 7, 2017 the registration fee, less a \$50.00 administrative fee, will be refunded via check after the meeting. Refund requests received after August 7<sup>th</sup> will not be honored.