

# NEW ENGLAND SECTION OF THE AMERICAN UROLOGICAL ASSOCIATION 2016 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<br>8/29/16 | After<br>8/29/16 | Onsite<br>9/29/16 | <u>Total</u>         |
|---|-------------------|------------------|-------------------|----------------------|
| _____ NEAUA 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 Members     | \$375             | \$425            | \$475             | \$ _____             |
| _____ Advanced Practice Provider          | \$185             | \$225            | \$225             | \$ _____             |
| _____ Includes: RN's, LPN's & Technicians |                   |                  |                   |                      |
| _____ Allied Health – Saturday Day Pass   | \$75              | \$100            | \$125             | \$ _____             |
| _____ Includes: RN's, LPN's & Technicians |                   |                  |                   |                      |
| _____ Non-Exhibiting Industry             | \$950             | \$1,000          | \$1,050           | \$ _____             |
| _____ Spouse/Guest                        | \$150             | \$175            | \$200             |                      |
| _____ Guest Banquet Dinner Ticket         | \$100             | \$100            | \$100             |                      |

**AMOUNT DUE:**  
\$ \_\_\_\_\_

## 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 4550, Beverly, Massachusetts 01915  
Phone: 978-927-8330 ♦ Fax: 978-524-0461 ♦ [www.neaua.org](http://www.neaua.org)

Please contact me regarding special needs.

*Cancellations cannot be made via the online website or telephone, but must be made in writing (email, fax, or mail) to the NEAUA Section Offices: 500 Cummings Center, Suite 4550, Beverly, MA 01915, USA. You may email your correspondence to the NEAUA administrative offices by clicking here. If written notice of cancellation is received on or before August 29, 2016, the registration fee, less a 50 USD administrative fee, will be refunded after the meeting. No refunds will be issued for cancellations received after August 29th. Fees cannot be reduced for partial attendance.*