

NEW ENGLAND SECTION OF THE AMERICAN UROLOGICAL ASSOCIATION 2018 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 8/6/18	After 8/6/18	Onsite 9/6/18	<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				Complimentary
_____ Post Graduate Candidate	\$375	\$425	\$475	\$ _____
_____ Advanced Practice Provider	\$185	\$225	\$225	\$ _____
_____ Advanced Practice Provider – Saturday Day Pass: Nurses & Assoc.	\$75	\$100	\$125	\$ _____
_____ Allied Health Professional	\$185	\$225	\$225	\$ _____
_____ Allied Health Professional - Saturday Day Pass: Nurses & Assoc.	\$75	\$100	\$125	\$ _____
_____ Non-Exhibiting Industry	\$950	\$1,000	\$1,050	\$ _____
_____ Spouse/Guest	\$150	\$175	\$200	\$ _____
_____ Guest Banquet Dinner Ticket	\$100	\$100	\$100	\$ _____
_____ Resident Olympics (Friday Sep 7)				Complimentary
_____ Resident Education Program (Sunday Sep 9)				Complimentary

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 4400, Beverly, Massachusetts 01915

Phone: 978-927-8330 ♦ Fax: 978-524-0461 ♦ www.neaua.org

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 6, 2018 the registration fee, less a \$50.00 administrative fee, will be refunded via check after the meeting. Refund requests received after August 6th will not be honored.