



NEW ENGLAND SECTION OF THE AMERICAN UROLOGICAL ASSOCIATION

88th Annual Meeting SEPTEMBER 12-14, 2019

Omni Providence Hotel &
Rhode Island Convention Center
Providence, RI

TICKETED EVENT REGISTRATION FORM

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ E-mail: _____

President's Reception & Dinner Ticket(s)* \$100 per ticket **Total:** \$ _____
Saturday, September 14th from 6:00 pm to 9:00 pm
Off-Site Location: RISD Museum

Payment Method:

Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

   Check Enclosed AMOUNT: _____

Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. **DO NOT EMAIL.**

Amount to be charged: \$ _____

Credit Card Number: _____ Exp. _____

Authorized Signature: _____ Date: _____

WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.

Authorized Signature: _____ Date: _____