



NEW ENGLAND SECTION OF THE AMERICAN UROLOGICAL ASSOCIATION

# 88th Annual Meeting SEPTEMBER 12-14, 2019

Omni Providence Hotel &  
Rhode Island Convention Center  
Providence, RI

## ONSITE PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN August 23, 2019**. Additional registrations over the 3 badge allotment will be assessed a \$100 per badge charge, payable before or at the time of registration. Refunds will not be issued for unclaimed badges.

Return to: Fax: 978-524-0461 | [industry@neuaa.org](mailto:industry@neuaa.org)

Name of Exhibiting Company: \_\_\_\_\_

Registrant #1: The official in charge of the booth(s) on-site will be:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Registrant #2 & 3: Three complimentary registrations are included in your exhibit package. Please list the two remaining registrants other than the on-site official contact listed above.

\_\_\_\_\_

Additional exhibit representatives at \$100 per representative:

\_\_\_\_\_  
\_\_\_\_\_

Total Charges: \_\_\_\_\_

Please charge my:



Card #: \_\_\_\_\_ Security Code \_\_\_\_\_ Exp \_\_\_\_\_

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

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

Company Name: \_\_\_\_\_ Billing Address \_\_\_\_\_

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Exhibitor certifies that the named person(s) meet your eligibility qualifications. I further understand that badges are not to be issued to representatives of leasing companies, financial institutions, publishers, suppliers, vendors, or others who wish to gain admittance for the purpose of making contacts other than in our exhibit. Exhibitors may not register any person eligible for registration at General Registration. All people registered under your company name must be employees of your company. Should anyone request a different company or organization name on their badge they will be asked to pay the full attendee fee for that category. i.e. physician, distributor, non exhibiting industry. Should anyone from your company request CME credits, they cannot register as an exhibitor, but must register in the appropriate category. Example: physician, nurse, physician's assistant.

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