

**Western Section AUA Registration Form – Hawaii**  
**86th Annual Meeting, Oct. 24 – 29, 2010**

Name \_\_\_\_\_ Badge first-name \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_ TEL: \_\_\_\_\_  
 Email \_\_\_\_\_ Staying at Hilton Hotel? \_\_\_Y \_\_\_N

**Please complete both sides/pages**

**First choose your Registration Package – don't forget your spouse and/or guest!**

	<u>By Sept. 10</u>	<u>After Sept. 10</u>	<u>Totals</u>
<b>1. AUA Physicians:</b> AUA ID # _____ (to expedite CME credits)			
<b><u>Complete Packages:</u> Includes social events – please see brochure for details</b>			
___ A. Western Section Member	\$595	\$645	\$ _____
___ B. Western Section Senior	\$495	\$545	\$ _____
___ C. AUA Member	\$605	\$645	\$ _____
Please indicate your Section _____			
<b><u>Session Packages:</u> Does not include social events – please see brochure for details</b>			
___ D. Western Section Member	\$495	\$545	\$ _____
___ E. AUA Member	\$505	\$555	\$ _____
Please indicate your Section _____			
<b>2. Residents</b> – REQUIRED: verification letter from Department Chairman			
___ F. Resident / Fellow	\$0	\$50	\$ _____
Type (ie: Fellow, Chief Res.): _____ Year: _____			
<b>3. Guests</b>			
___ G. Non-AUA Physicians	\$775	\$825	\$ _____
___ H. Health Professionals <i>(Includes: Nurse Practitioners, Physician Assistants, Administrators)</i>	\$395	\$445	\$ _____
___ I. Spouse & Guest of Physician	\$245	\$295	\$ _____

Spouses/ Guests Name(s): \_\_\_\_\_ Do you plan to bring children: \_\_\_Y \_\_\_N How many \_\_\_\_\_

1. Name: \_\_\_\_\_ Badge nick-name: \_\_\_\_\_

2. Name: \_\_\_\_\_ Badge nick-name: \_\_\_\_\_

**SPECIAL ASSISTANCE:** Please let us know if you are disabled and require special needs or assistance.  
 Attach a written description of your needs or call us at 714-550-9155.

**Next choose any optional events, sports and/or additional tickets you need**

(\*\* note that your registration package may already include tickets to items a, b and c below.)

Quantity		Price	Totals
a. _____	**Tickets for Sunday (Oct.24) President’s Welcome Reception _____ \$65 Adult _____ \$45 Junior (6-17) _____ Under 6 free		\$ _____
b. _____	**Tickets for Thursday (Oct. 28) “Hukilau Under the Moon” _____ \$85 Adult _____ \$45 Junior (6-17) _____ Under 6 free		\$ _____
c. _____	**Tickets for Friday (Oct. 29) Round Table Brunch Program	\$ 45	\$ _____
<b><u>Sports Day - Monday, October 25</u></b>			
d. _____	Tickets for Golf Tournament - Kings Course (1:30pm shotgun) _____ Add club rentals for additional \$35	\$110 \$ 35	\$ _____ \$ _____
e. _____	Tickets for Tennis Tournament – Hotel Courts (1:30pm-4:30pm)	\$ 45	\$ _____
f. _____	Tickets for Morning Snorkel Sail - (8am – 12pm) _____ \$85 Adult _____ \$45 Child (12 and under)		\$ _____
g. _____	Tickets for Afternoon Snorkel Sail - (1:30pm – 4:30pm) _____ \$75 Adult _____ \$45 Child (12 and under)		\$ _____

**Now add-up the Total Registration fees from both sides**

TOTAL REGISTRATION FEES \$ \_\_\_\_\_

Note: Canadians may pay listed fees in Canadian or U.S. dollars. Credit cards will be charged in U.S. dollars.

**Lastly, complete your Payment: Please mail or fax BOTH pages of this form with payment to:**

Western Section AUA / 1950 Old Tustin Avenue / Santa Ana, CA 92705  
TEL: 714-550-9155, Email: info@wsaua.org **Fax to: 714-550-9234**

Credit Card Payments: I hereby authorize **Medical Association Management Company** to debit my credit card account, the Total Registration Fees as indicated above. Please note that the transaction will appear on your statement under the name of “MAMCO Webpay.” Should there be an error in the sum calculated above made by the registrant; the corrected amount will be charged.

Check enclosed: \_\_\_\_\_ payable to WSAUA

Cards accepted: \_\_\_\_\_ VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER

Card number: \_\_\_\_\_ Expire Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Cancellation Policy**

You may cancel or change your registration up to 10 days prior to the meeting (on or before October 14, 2010) without penalty. You will receive a full refund promptly. Cancellations for any reason received after October 14, cannot be refunded. However, your registration is transferable to a friend or associate or if you decide not to use it we will credit it to a future meeting less a \$100 processing fee. No shows cannot be refunded.

**Confirmation**

If you do not receive a confirmation letter or email within 10 days, please contact us at 714-550-9155 or email **info@wsaua.org**.

Office use: AMT \$ _____ REF# _____ CONF DATE: _____ REG# _____
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