

**Western Section AUA Registration Form – Las Vegas  
85th Annual Meeting, Oct. 25 – 29, 2009**

Name \_\_\_\_\_ Badge first-name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

Email \_\_\_\_\_ Staying at Marriott Hotel? \_\_\_Y \_\_\_N

**For Residents:** Type (ie: Fellow, Chief Res.): \_\_\_\_\_ Yr: \_\_\_\_\_

Please complete both sides/pages

**Pick your Registration Category**

**1. AUA Physicians:** AUA ID # \_\_\_\_\_ (required for lines A-E)

|   | <b>Discount Rate</b> | <b>Regular Rate</b>  |               |
|---|----------------------|----------------------|---------------|
|   | <b>By Aug. 30</b>    | <b>After Aug. 30</b> | <b>Totals</b> |
| Choose from one of the packages below and check line "I" to add a Spouse or Guest |                      |                      |               |

**Complete Packages: Includes social events – please see brochure for details**

|                              |       |       |          |
|------------------------------|-------|-------|----------|
| ___A. Western Section Member | \$575 | \$675 | \$ _____ |
| ___B. Western Section Senior | \$475 | \$575 | \$ _____ |
| ___C. AUA Member             | \$585 | \$685 | \$ _____ |

**Please indicate your Section** \_\_\_\_\_

**Session Packages: Does not include social events – please see brochure for details**

|                              |       |       |          |
|------------------------------|-------|-------|----------|
| ___D. Western Section Member | \$495 | \$595 | \$ _____ |
| ___E. AUA Member             | \$505 | \$605 | \$ _____ |

**Please indicate your Section** \_\_\_\_\_

**2. Residents** – REQUIRED: verification letter from Department Chairman

|                         |     |       |          |
|-------------------------|-----|-------|----------|
| ___F. Resident / Fellow | \$0 | \$100 | \$ _____ |
|-------------------------|-----|-------|----------|

*(Includes daily sessions/meals, Exhibit Hall, and Social events on Sunday & Wednesday.)*

**3. Guests**

|                            |       |       |          |
|----------------------------|-------|-------|----------|
| ___G. Non-AUA Physicians   | \$775 | \$825 | \$ _____ |
| ___H. Health Professionals | \$375 | \$425 | \$ _____ |

*(Includes: Nurse Practitioners, Physician Assistants, Administrators)*

|                                   |       |       |          |
|-----------------------------------|-------|-------|----------|
| ___I. Spouse & Guest of Physician | \$205 | \$255 | \$ _____ |
|-----------------------------------|-------|-------|----------|

*(Includes ticket to Sunday Welcoming Reception, admittance to family hospitality lounge and spouse programs, gift bag, Weds "Reception Royale", badge, exhibit hall activities, no CME.)*

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

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

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

## Choose Optional Events, Sports and Additional Tickets

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

| Quantity  | Price | Totals  |
|---|-------|---------|
| a. ____ Tickets for Sunday (Oct.25) President's Welcoming Reception<br>\$65 Adult____, \$45 Junior (6-17)____, Under 6 free |       | \$_____ |
| b. ____ Tickets for Wednesday (Oct. 28) "Reception Royale"  | \$85  | \$_____ |
| c. ____ Tickets for Thursday (Oct. 29) Round Table Brunch Program   | \$45  | \$_____ |
| <b>Monday, October 26</b>   |       |         |
| d. ____ Tickets for Golf Tournament at TPC Summerlin  | \$175 | \$_____ |
| e. ____ Tickets for Red Rock Canyon Hike & Scenic Tour<br>Kids under 12 free ____ quantity                                  | \$45  | \$_____ |
| f. ____ Tickets for Mountain Bike Adventure at Blue Diamond:  | \$130 | \$_____ |
| g. ____ Tickets for Ultrasound Course 1 – Male Genitalia  | \$450 | \$_____ |
| h. ____ Tickets for Ultrasound Course 2 – Transrectal Ultrasound  | \$450 | \$_____ |

### Add-up Total Registration Fees and Payment

|   |         |
|---|---------|
| Physician, Resident, Health Prof.                 | \$_____ |
| Spouse/Guest of Physician                         | \$_____ |
| Optional & Extra tickets                          | \$_____ |
| (U.S. or Canadian Funds*) TOTAL REGISTRATION FEES | \$_____ |

\*Note: Canadians may pay listed fees in Canadian or U.S. dollars. Credit cards will be charged in U.S. dollars. Please make all checks payable to Western Section AUA.

### **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: \_\_\_\_\_ // 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, 2009) 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.

**ADA - 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. We are here to help!

#### **Confirmation**

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

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