



EXHIBITOR PRE-REGISTRATION FORM
Western Section American Urological Association, Inc.
85th Annual Meeting * Las Vegas, Nevada * October 25 – 29, 2009

Instructions and Information:

- Please complete and mail or fax this form by the Registration deadline of: Friday, **October 14, 2009.**
- All Company representatives are required to register using this form.
- Please indicate the booth captain in #1 slot. This person will be the individual chiefly responsible for company personnel and the primary contact while at the convention.
- There is no registration charge for the first four persons per booth. **There will be a \$100 charge per person over the limit of four or for any registration submitted after October 14 or on-site.**
- Representatives registering on-site MUST have a company I.D. or letter of authorization on company letterhead. Physicians who wish to register as an exhibitor must be full-time employees of the exhibiting company.
- Exhibitors may purchase tickets to optional events using the "Optional Events Registration Form."
- Company Reps may pickup badges at the Exhibitor Registration Desk beginning Sunday, October 25th.
- For questions, please call (714) 550-9155 / FAX (714) 550-9234 or Email to info@wsaua.org.

THANK YOU!

BOOTH	On Site Contact Cell # ()
1. CAPTAIN	
2.	9.
3.	10.
4.	11.
5.	12.
6.	13.
7.	14.
8.	15.

NOTE: Please indicate if any of the above is disabled and require special assistance. Attach a written description of needs or special services that may be required.

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

PHONE: _____ FAX: _____ EMAIL: _____

Registration fees for personnel over the limit of four/booth: _____ Reps @ \$100 each: _____

PAYMENT: CHECK VISA MASTERCARD DISCOVER AMEX

Name on Card: _____ Signature: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Card Number: _____ Exp. Date: _____

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 of the total above made by the registrant; the correct amount will be charged.

Please complete and mail/fax with payment to:
Western Section AUA • 1950 Old Tustin Ave • Santa Ana • CA 92705 • Fax 714-550-9234
Please DO NOT mail/fax this form after October 14, 2009



OPTIONAL EVENTS REGISTRATION FORM
Western Section American Urological Association, Inc.
 85th Annual Meeting * Las Vegas, Nevada * October 25 - 29, 2009

Instructions and Information:

The following events are open to all registered company personnel. You are welcome to participate in the following optional activities. To order tickets please mail or fax this form with check or credit card payment before **October 14, 2009**. Although you may register on-site, pre-registration is highly recommended due to space limitations. No refunds will be given after **October 14, 2009**. Please read the registration brochure for additional information on these events.

Sunday, October 25, 2009

President's Welcoming Reception

Adult \$65 / Junior (6-17) \$45 / Under 6 Free _____ tickets @ \$65/\$45 \$ _____

SPORTS DAY – Monday, October 26, 2009

Golf Tournament at TPC Summerlin _____ tickets @ \$175 \$ _____

Red Rock Canyon Hike & Scenic Tour

Under 12 free ____ qty _____ tickets @ \$45 \$ _____

Mountain Bike Adventure at Blue Diamond:

_____ tickets @ \$130 \$ _____

Wednesday, October 28, 2009

Reception Royale

_____ tickets @ \$85 \$ _____

TOTAL AMOUNT ENCLOSED ----- \$ _____

Please supply the name of the representative(s) who are attending the specific events above:

Name:	Event:	Name:	Event:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

CONTACT PERSON: _____

PHONE: _____ FAX: _____ EMAIL: _____

PAYMENT: CHECK VISA MASTERCARD DISCOVER AMEX

Name on Card: _____ Signature: _____

Card Number: _____ Exp. Date: _____

CREDIT CARD PAYMENTS: I hereby authorize Medical Association Management Company to debit my credit card account, the Total Event 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 of the total above made by the registrant; the correct amount will be charged.

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