



# OPTIONAL EVENTS REGISTRATION FORM

## Western Section American Urological Association, Inc.

84<sup>th</sup> Annual Meeting \* Monterey, California \* October 26 - 30, 2008

**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 17, 2008**. Although you may register on-site, pre-registration is highly recommended due to space limitations. No refunds will be given after **October 17, 2008**. Please read the registration brochure for additional information on these events.

**Sunday, October 26, 2008**

President's Welcoming Reception

Adult \$75 / Junior (6-17) \$45 / Under 6 Free \_\_\_\_\_ tickets @ \$75/\$45 \$ \_\_\_\_\_

**SPORTS DAY – Monday, October 27, 2008**

Golf Tournament at Blackhorse/Bayonet \_\_\_\_\_ tickets @ \$165 \$ \_\_\_\_\_

Point Lobos Fun Hike & Scenic Tour

Under 12 free \_\_\_\_ qty \_\_\_\_\_ tickets @ \$45 \$ \_\_\_\_\_

Kayak Adventure:

\_\_\_\_\_ tickets @ \$65 \$ \_\_\_\_\_

**Wednesday, October 29, 2008**

President's Banquet

\_\_\_\_\_ tickets @ \$135 \$ \_\_\_\_\_

**Note: Must be 18 years or older**

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.

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 17, 2008