

**Western Section AUA Registration Form – Monterey
84th Annual Meeting, Oct. 26 – 30, 2008**

Name _____ Badge first-name _____

Institution _____

Address _____

City _____ State/Prov. _____ Zip _____

Country _____ TEL: _____ FAX: _____

Email _____ Staying at Portola 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)

	Pre-reg Rate	Regular Rate	
	By Aug. 30	After Aug. 30	Totals

Choose from one of the packages below and check line "J" to add a Spouse or Guest

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

___A. Western Section Member	\$545	\$595	\$ _____
___B. Active & Associate AUA	\$555	\$605	\$ _____

Please indicate your Section _____

___C. Western Section Senior	\$445	\$495	\$ _____
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Session Packages: Does not include social events – please see brochure for details

___D. Western Section Member	\$475	\$525	\$ _____
___E. Active & Associate AUA	\$485	\$535	\$ _____

Please indicate your Section _____

2. Residents – REQUIRED: verification letter from Department Chairman

___F. Resident / Fellow	\$0	\$100	\$ _____
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(Includes all educational sessions/meals, Thursday Round Table, Exhibit Hall/Reception, and one ticket to Sunday Welcoming Reception.)

3. Guests

___H. Non-AUA Physicians	\$785	\$835	\$ _____
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___I. Health Professionals	\$325	\$375	\$ _____
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(Includes: Nurse Practitioners, Physician Assistants, Administrators – verification required)

___J. Spouse & Guest of Physician	\$245	\$295	\$ _____
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(Includes ticket to Sunday President's Reception, admittance to family hospitality lounge and spouse programs, gift bag, President's Banquet/Reception, 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.26) President's Welcoming Reception \$75 Adult____, \$45 Junior (6-17)____, Under 6 free		\$_____
b. ____ Tickets for Wednesday (Oct. 29) President's Banquet (Age 18yr+)	\$135	\$_____
c. ____ Tickets for Thursday (Oct. 30) Round Table Breakfast Program	\$45	\$_____
Sports Day – Monday, October 27		
d. ____ Tickets for Golf Tournament at Blackhorse/Bayonet	\$165	\$_____
e. ____ Tickets for Point Lobos Fun Hike & Scenic Tour Kids under 12 free ____ quantity	\$45	\$_____
f. ____ Tickets for Kayak Adventure:	\$65	\$_____

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 15, 2008) without penalty. You will receive a full refund promptly. Cancellations for any reason received after October 15, cannot be refunded, however, your registration is transferable to a friend or associate if you decide not to use it.

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#_____
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