

Western Section AUA Registration Form – Scottsdale
83rd Annual Meeting, Oct. 28 – Nov. 1, 2007

Name _____ Badge first-name _____
 Institution _____
 Address _____
 City _____ State/Prov. _____ Zip _____
 Country _____ TEL: _____ FAX: _____
 Email _____ Staying at Hyatt? ___Y ___N
For Residents: Type (ie: Fellow, Chief Res.): _____ Yr: _____

Please complete both pages - Sections I, II, & III

I. Pick your Registration Category

1. AUA Physicians: AUA ID # _____ (required for lines a-e)

	<i>Early Bird Rate</i> <i>By July 20</i>	<i>Pre-reg Rate</i> <i>By Oct. 20</i>	<i>Regular Rate</i> <i>After Oct. 20</i>	Totals
<u>Complete Packages:</u> - Includes social events – please see brochure for details				
___a. Western Section Member	\$605	\$645	\$685	\$ _____
___b. Active & Associate AUA	\$615	\$655	\$695	\$ _____
Please indicate your Section _____				
___c. Western Section Senior	\$505	\$545	\$585	\$ _____
<u>Session Packages:</u> Session packages include only scientific programs/sessions and exhibit hall, no social events.				
___d. Single Day Attendance	\$315	\$355	\$395	\$ _____
	(Circle day: <u>Sun.</u> <u>Mon.</u> <u>Tue.</u> <u>Wed.</u> <u>Thur.</u> <u>Fri.</u>)			
___e. Three Day Attendance	\$445	\$485	\$525	\$ _____
	(Circle group: <u>Sun/Mon/Tue</u> <u>Mon/Tue/Wed</u> <u>Tue/Wed/Thur</u>)			

2. Residents – REQUIRED: verification letter from Department Chairman

___f. Resident / Fellow (Sessions only) \$0 \$0 \$100 \$ _____

3. Guests

___h. Non-AUA Physicians \$835 \$875 \$915 \$ _____
 ___i. Health Professionals \$345 \$385 \$425 \$ _____
 (Includes: Nurse Practitioners, Physician Assistants, Administrators – verification required)
 ___j. Spouse & Guest of Physician* \$245 \$275 \$295 \$ _____

*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):

1. Name: _____ Badge nick-name: _____

2. Name: _____ Badge nick-name: _____

No Fear, No Stress Cancellation Policy

Register today without fear or stress. While we require you to prepay, you don't lose anything by registering in advance. You may cancel or change your registration up to 7 days prior to the meeting (on or before October 20, 2007) without penalty. Perhaps plans have changed or there is a scheduling conflict that has come up. That's perfectly fine - just give us a little bit of notice and there's no penalty whatsoever. You will receive a full refund promptly. Cancellations for any reason received after October 20, cannot be refunded, however, your registration is transferable to a friend or associate if you decide not to use it.

II. 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 President's Reception \$75____Adult, \$55____Junior / Child(6-17), ____Under 6 free		\$_____
b. ____ Tickets for Wednesday President's Banquet (<i>Min. 18 years or older</i>)	\$135	\$_____
c. ____ Tickets for Thursday Round Table Breakfast Program	\$55	\$_____
d. ____ Tickets for Monday Golf Tournament	\$165	\$_____
e. ____ Tickets for Saguaro Lake Ranch Under 6 free____qty	\$55	\$_____
f. ____ Add-on options for Saguaro Lake Ranch: ____Kayaking ____Horseback Riding	\$40	\$_____

NOTE: Kayaking – Must be at least 12 years old. **Horseback Riding** – Must be at least 8 years old.

III. Add-up Total Registration Fees and Payment

Sub-total Registration Fees from Section I: Physician, Resident, Health Prof.	\$_____
Spouse/Guest of Physician	\$_____
Sub-total Registration Fees from Section II: Optional & Extra tickets	\$_____
(U.S. or Canadian Funds*) TOTAL REGISTRATION FEES	\$_____

*Note: Canadians may pay listed fees in Canadian dollars by check only. If using credit card, you will be charged in U.S. dollars. Please make all checks payable to Western Section AUA.

SPECIAL REQUEST: Bringing the kids? Let us know. If we get enough kids ages 5-13, we may put together a kids Halloween party on the evening of the President's Banquet, Wednesday, October 31. Parents can then relax and enjoy the banquet while the hotel staff supervises a great time for the kids.

Do you plan to bring children: ____Y ____N How many_____

Are you interested in the idea of a kids Halloween Party: ____Y ____N

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 "WSAUA Registration." 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:_____

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 fail to receive a confirmation letter or email within 2 weeks, please contact us at 714-550-9155 or email info@wsaua.org.

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