## ANNUAL MEETING REGISTRATION FORM

MID-ATLANTIC SECTION - AUA



Fax to: 410-689-3912

ALIA ID NUMBER (IE KANOMAN)			Register online	e at www.MAAUA.org
AUA ID NUMBER (IF KNOWN)				
LAST/FAMILY NAME	FIRST		MIDDLE INITIAL	CREDENTIALS
HOSPITAL OR INSTITUTION			SPECIALTY	
STREET / PO BOX			CITY	
STATE	COUNTRY		POSTAL CODE	
DAYTIME PHONE			EMAIL	
<b>CATEGORIES AND FEES</b>				SOCIAL EVENTS
Register Early and Save!  MA-AUA Member AUA Member Senior Member Non-member Physician Healthcare Professional/Nurse Resident/Fellow		by 8/19/16 \$375 \$375 \$275 \$450 \$225 \$0	after 8/19/16 \$475 \$475 \$375 \$550 \$325 \$0	RSVP Required for Complimentary Social Events.  Select events you plan to attend:  Exhibit Hall Welcome Reception  Theme Reception  President's Banquet
☐ Spouse/Guest ☐ Spouse of Senior Member		\$115 \$65	\$165 \$115	Registration Fees Total:
GUEST NAME(S)	EMAIL ADDR	RESS		
OPTIONAL SOCIAL ACTI	VITIES		<b>GUEST TICK</b>	ETS .
Friday, October 7, 2016  □ Ladies 9-hole Golf Tournament				Theme Reception\$50  President's Banquet\$100  Social Activities & Guest Tickets Total:
PAYMENT INFORMATION	N			
Full payment must accompany al Mail to: Mid-Atlantic Section – 1000 Corporate Blvd. Linthicum, MD 21090  Total Amount Due: \$	_	ion forms r	eceived without fu	all payment will be returned for completion.
□ Check Enclosed Check # (Check Payable to Mid-Atlantic Se	ection. Payable in U.S. dollars, d	rawn on a U	l.S. bank)	

For Credit Card Payments Visit www.MAAUA.org or call 1-800-908-9414 to register over the phone.

Cancellation Policy: All requests for cancellations must be received in writing (MAAUA@auanet.org or fax number 410-689-3912). If a written request of cancellation is received at the MA-AUA office prior to September 7, 2016, the registration fee, less a \$50 administrative fee, will be refunded after the meeting. Refund requests after September 7, 2016, will not be honored. All social activities will be refunded with written notification received by September 7, 2016.