



MID-ATLANTIC SECTION OF THE AMERICAN UROLOGICAL ASSOCIATION

67th Annual Meeting ~ October 1-4, 2009

Williamsburg Lodge ~ Williamsburg, VA

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

Spouse/Guest Name: _____ Please contact me regarding special needs.

REGISTRATION FEES

Qty	Meeting Registration	Before 8/4/09	After 8/4/09	Beginning 9/23/09	Total
_____	MA-AUA Member	\$295	\$345	\$395	\$ _____
_____	AUA Member	\$295	\$345	\$395	\$ _____
_____	Candidate Member	\$295	\$345	\$395	\$ _____
_____	Guest Physician	\$395	\$445	\$495	\$ _____
_____	Resident/Fellow*	---	---	---	Complimentary
_____	Allied Health	\$225	\$275	\$325	\$ _____
_____	Spouse/Guest	\$225	\$275	\$325	\$ _____
_____	Section Senior Member	\$148	\$173	\$198	\$ _____
_____	Spouse of Senior Member	\$112	\$137	\$162	\$ _____

* Must Provide Letter from Chief of Service

Qty	Optional Social Activities			Total
_____	Golf	\$165	\$165	\$ _____
_____	Tennis	\$25	\$25	\$ _____
_____	Welcoming Reception	___ Will Attend	___ Will NOT Attend	Complimentary
_____	Jamestown Reception	___ Will Attend	___ Will NOT Attend	Complimentary
_____	Presidents Banquet	___ Will Attend	___ Will NOT Attend	Complimentary

TOTAL AMOUNT DUE: \$ _____

METHOD OF PAYMENT

Please charge my registration fees to the following credit card:



Name As It Appears on Credit Card: _____

Billing Address of Card Holder: Same as Above or _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ Expiration Date: _____ / _____

Security Code: _____ (See card images) Your credit card's security code is a 3- or 4- digit number located on its front or back of your credit card.

Signature: _____

I would like to pay by check (enclosed). Please make checks (in U.S. funds) payable to:
MA-AUA ▪ 900 Cummings Center ▪ Suite 221-U ▪ Beverly, Massachusetts 01915
Phone: 978-927-8330 ▪ Fax: 978-524-0498 ▪ www.maaau.org



All requests for cancellations must be received in writing. If a written request of cancellation is received at the Society's Administrative Office prior to Monday September 7th, 2009, the registration fee, less a \$50.00 administrative fee, will be refunded after the meeting. Refund requests received after Monday September 7th will not be honored.