

68th Annual Meeting of the
MID ATLANTIC SECTION of the AMERICAN UROLOGICAL ASSOCIATION
September 23-26, 2010
Nemacolin Woodlands/ Farmington, PA

EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN August 23, 2010**. Changes may be made at no charge until this date. Any changes or additional registrations must be made onsite and will be charged \$25 per badge at registration. Additional registrations over the 3 badge allotment will be assessed a \$100 per badge charge, payable before or at the time of registration. Refunds will not be issued for unclaimed badges.

Return to: Mid-Atlantic Section of the American Urological Association, Inc.
Attn: Jennifer Gecawicz
900 Cummings Center, Suite 221-U
Beverly, MA 01915
Fax: 978-524-0498 | jgecawicz@prri.com

Registrant #1: The official in charge of the booth(s) on-site will be:

Name of Exhibiting Company: _____

Name: _____

Cell Phone: _____ Fax: _____ Email: _____

Registrant #2 & #3: Three complimentary registrations are included in your exhibit package. Please list the remaining 2 registrants other than the on-site official contact listed above.

Additional exhibit representatives at \$100 per representative:

Please charge my:



Name on Card: _____

Card #: _____ Exp _____ Sec. Code _____

(3-4 numbers on front or back of card)

Signature: _____

Please check if credit card billing address is same as contact information at the top of the form.

If billing address is not the same please enter below.

Street Address _____

City/State/Postal Code /Country _____

Exhibitor certifies that the named person(s) meet your eligibility qualifications. I further understand that badges are not to be issued to representatives of leasing companies, financial institutions, publishers, suppliers, vendors, or others who wish to gain admittance for the purpose of making contacts other than in our exhibit. Exhibitors may not register any person eligible for registration at General Registration. All people registered under your company name must be employees of your company. Should anyone request a different company or organization name on their badge they will be asked to pay the full attendee fee for that category. i.e. physician, distributor, non exhibiting industry. Should anyone from your company request CME credits, they cannot register as an exhibitor, but must register in the appropriate category. i.e. physician, nurse, physician's assistant.

INITIALS: _____