American Urological Association

2014 CODING SEMINARS

REGISTRANT'S INFORMATION

STEP 1:

❍ March 14-15, 2014, Tampa, FL – 14CP1, ICD-10-CM, FECC

❍ April 4-5, 2014, Philadelphia, PA – 14CP2, ICD-10-CM2, FECC2

❍ July 25-26, 2014, Las Vegas, NV – 14CP3, ICD-10-CM3, FECC3

All of the information below must be completed. Indicate number of attendees next to each category.

STEP 2:

❍ Saturday Session AUA member or PMN subscriber	$400/person	$_____
❑ additional attendee (from same staff)	$345/person	$_____
❍ Saturday Session non-member	$475/person	$_____
❑ additional non-member attendee	$425/person	$_____

STEP 3:

Friday Night Sessions (choose one or both):

❍ 1st Session, 3:30 p.m. ICD-10	$105 member/$130 non-member LIMITED SPACE	$_____
❑ additional attendee (from same staff)	$105 member/$130 non-member LIMITED SPACE	$_____
❍ 2nd Session, 5:30 p.m. FECC	$105 member/$130 non-member LIMITED SPACE	$_____
❑ additional attendee (from same staff)	$105 member/$130 non-member LIMITED SPACE	$_____
	TOTAL	**$**_____

Name of Primary Registrant Attending | Practice Name | Registrant's AUA ID # or PMN ID # (if known)

Registrant's Mailing Address

City | State | Zip

Office Phone | Fax | E-mail

Name(s) of Additional Registrant(s) | Registrant's AUA ID # or PMN ID # (if known)

Name(s) of Additional Registrant(s) | Registrant's AUA ID # or PMN ID # (if known)

Payment Information—Four Ways to Register

1. Online at **www.AUAnet.org/Coding 2014** (Note: only individuals can register online—additional attendees from the same staff must register by fax or mail.)
2. Fax the registration form with MasterCard, Visa, American Express or Discover number, expiration date and signature to 410-689-3912.
3. Mail the registration form with a check or with the MasterCard, Visa, American Express or Discover number, expiration date and signature.
4. Phone 800-908-9414 (registrant's AUA/PMN ID# is required)

Total: $ _____ Charge my: ❍ VISA ❍ MasterCard ❍ AMERICAN EXPRESS ❍ DISCOVER ❍ Check enclosed (Check # _____)

Card Number | Expiration Date

Cardholder's Name | Cardholder's Signature

Make checks payable to American Urological Association, Inc.® (checks must be drawn on a U.S. bank and made payable in U.S. dollars) and mail to the AUA Headquarters, P.O. Box 79165, Baltimore, MD 21279-0165. Check payments may delay your seminar registration. PMN discount coupons are valid for this program, but you must submit the printed coupon with your completed form.

Cancellation Policy The following policies apply with no exceptions. If you encounter a conflict, you may either send an alternate member of your staff or request a refund. Two weeks' notice is required. There will be no on-site registrations without prior authorization. A $75 processing fee will be held for cancellations or changes made less than two weeks from the seminar date. To cancel, call 800-908-9414 or fax a letter to 410-689-3912.