American Urological Association

Society of Urologic Oncology

EDUCATIONAL SERIES:

Advanced Prostate Cancer Care

REGISTRANT'S INFORMATION

- ◎ February 8, 2014 – Dallas, TX – EDUSERIES141
- ◎ April 26, 2014 – San Francisco, CA – EDUSERIES142
- ◎ June 14, 2014 – Chicago, IL – EDUSERIES143
- ◎ July 19, 2014 – Newark, NJ – EDUSERIES144

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

❍ Single Attendee - Member	$150	x_____	$_____
❍ Single Attendee - Non-member	$180	x_____	$_____
❍ Three or more from same practice - Member	$100	x_____	$_____
❍ Three or more from same practice - Non-member	$130	x_____	$_____

Note: If any of the registrants from the same practice are a member, then all registrants from that practice may register at the member rate

❍ Physician ❍ APN/PA ❍ Practice Management ❍ Other _____

Name of Primary Registrant, Credentials (MD, RN, PA, etc.) | Registrant's AUA ID # (if known) | BREAKOUT SESSION

Practice Name | Registrant's Mailing Address

City | State | Zip

Office Phone | Fax | E-mail

❍ Physician ❍ APN/PA ❍ Practice Management ❍ Other _____

Name(s) of Additional Registrant(s), Credentials (MD, RN, PA, etc.) | Registrant's AUA ID # (if known) | BREAKOUT SESSION

❍ Physician ❍ APN/PA ❍ Practice Management ❍ Other _____

Name(s) of Additional Registrant(s), Credentials (MD, RN, PA, etc.) | Registrant's AUA ID # (if known) | BREAKOUT SESSION

Payment Information—Four Ways to Register

1. Online at www.AUAnet.org (Note: only individuals can register online – three or more discount not available online)
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 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 course registration.

Cancellation Policy: Please visit AUAnet.org for detailed information. To cancel, please call 800-908-9414 or fax a letter to 410-689-3912.