JOINT MEETING OF THE MID-ATLANTIC AND NEW ENGLAND SECTIONS OF THE AMERICAN UROLOGICAL ASSOCIATION
OCTOBER 22-24 | ATLANTIS HOTEL | PARADISE ISLAND, BAHAMAS

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*	*Through 9/18/15*	*After 9/18/15*	*On-site*	***Total***
_____	NE-AUA/MA-AUA Member	$395	$445	$495	$_____
_____	AUA Member	$395	$445	$495	$_____
_____	Candidate Member	$395	$445	$495	$_____
_____	Guest Physician	$475	$525	$575	$_____
_____	Resident/Fellow*	$185	$225	$225	$_____
_____	Presenting Resident/Fellow*	$0	$0	$0	*Complimentary*
_____	Allied Health	$225	$275	$325	$_____
_____	Spouse/Guest	$225	$275	$325	$_____

Will you be bringing Children? *Yes* _____ *No* _____ *How Many?* _____

** Must Provide Letter from Chief of Service*

Qty	*Optional Social Activities*	*Price*	***Total***
_____	**Golf Tournament** *Friday, October 23, 2015, 1:00 pm – 5:00 pm*	**$300**	$_____
_____	**Tennis Tournament** *Friday, October 23, 2015, 2:00 pm – 4:00 pm*	**$30**	$_____

TOTAL AMOUNT DUE: $_____

METHOD OF PAYMENT

Please charge my registration fees to the following credit card: ☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS

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 ▪ 500 Cummings Center ▪ Suite 4550 ▪ Beverly, Massachusetts 01915
Phone: 978-927-8330 ▪ Fax: 978-524-0461 ▪ www.maaua.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 Friday, October 2, 2015, the registration fee, less a $50.00 administrative fee, will be refunded after the meeting. Refund requests received after Friday, October 2, 2015 will not be honored.