Western Section AUA Registration Form – Vancouver

93rd Annual Meeting, Aug 6-10, 2017

PLEASE DO NOT USE THIS FORM AFTER July 20 – YOU MAY REGISTER ON-SITE

Name_____ First-name for Badge _____

Institution_____

Address_____

City_____State/Prov._____Zip_____

Country_____ Email_____

Office phone_____ Mobile phone (for on-site /emergency) _____

Where will you be staying? _____Westin Bayshore Resort _____Other_____

Choose your Registration Package

For more details on each package go to www.wsaua.org/vanbc17

Please complete both sides/pages		***Fee***	**Totals**
1. AUA Physicians: AUA ID #___ ___ ___ ___ ___ ___ (to expedite CME credits)			
___A.	Western Section Member	$645	$_____
___B.	Western Section Senior	$595	$_____
___C.	AUA Member*	$655	$_____
	***Please indicate your Section**_____		
2. Residents – REQUIRED: verification letter or email from Department Chairman required (send to info@wsaua.org)			
___F.	Resident / Fellow / Med Student	$175	$_____
___E.	Spouse of Resident	$225	$_____
Status (e.g.: Fellow, Chief Res.):_____Year:_____			
3. Guests			
___G.	Non-AUA Physicians	$1045	$_____
___H.	Active Duty Military	$595	$_____
___I.	Health Professionals *(Includes: Advanced Practice Providers, Nurse Practitioners, PA's, Office Managers, Researchers)*	$495	$_____
___J.	Spouse & Guest of Physician or HP	$275	$_____

Registered Spouse/ Guest Name(s): If planning to bring children, how many_____

1. Name:_____ Badge nick-name:_____
2. Name:_____ Badge nick-name:_____

(over)

Choose any optional events and/or additional tickets you need

(**) Indicates ticket is included in some registration packages– visit meeting website for details

Quantity		Fee	Totals
a. _____	Add Tickets for Sunday (Aug. 6) **Health Policy Forum Lunch****	$ 45	$_____
b. _____	Add Tickets for Sunday (Aug. 6) **President's Welcome Reception**** _____$75 Adult _____$45 Junior (11-20) _____Under 10 free		$_____
c. _____	Add Tickets for Monday (Aug. 7) **Whale Watching Adventure Tour** 4 hour charter departs at 10am. *View meeting website for more details*	$ 80	$_____
d. _____	Add Tickets for Wednesday (Aug. 9) **Western Section Night**** _____$85 Adult _____$45 Junior (11-20) _____Under 10 free		$_____
e. _____	Add Tickets for Thursday (Aug. 10) **Round Table Brunch Program****	$ 45	$_____
f. _____	Add Tickets for Spouse Hospitality Breakfast (Sun-Weds)	$ 35/day	$_____

Please add up the total registration fees from <u>both sides</u>.

TOTAL REGISTRATION FEES $_____

Note: Canadians may pay listed fees in Canadian or U.S. dollars. Credit cards will be charged in U.S. dollars.

Complete your payment- please mail or fax BOTH pages of this form with payment to:

Western Section AUA / 1950 Old Tustin Avenue / Santa Ana, CA 92705
Tel: 714-550-9155, Email: info@wsaua.org, Fax: 714-550-9234

<u>Credit Card Payments:</u> I hereby authorize Western Section AUA to debit my credit card account, the total registration fees as indicated above. Should there be an error in the sum calculated above made by the registrant the corrected amount will be charged.

Check enclosed:_____ payable to Western Section AUA

Cards accepted: _____VISA _____MASTER CARD _____AMEX _____DISCOVER

Card number:_____ Expire Date:_____ CVV#_____

Cardholder Name:_____Signature:_____

<u>Cancellation Policy</u>
You may cancel your registration up to 14 days prior to the meeting (on or before July 23, 2017) without penalty. You will receive a full refund promptly. Cancellations for any reason received after July 23, 2017 cannot be refunded. Registration is transferable to a friend or associate, or if you decide not to use it we will credit it to a future meeting minus a $100 processing fee. No shows cannot be refunded.

<u>Confirmation</u>
If you do not receive a receipt within 10 days please contact us at 714-550-9155 or email info@wsaua.org.

<u>Assistance</u>
Please let us or the resort know if you are physically disabled and have special requirements. Send a brief description of your needs or call us at 714-550-9155.

Office use: AMT $_____REF#_____CONF DATE:_____REG#_____