

1ST WORLD CONGRESS OF PEDIATRIC UROLOGY

28 - 30 MAY 2010

SAN FRANCISCO MARRIOTT
SAN FRANCISCO, CALIFORNIA, USA



Registration Form




OR REGISTER ONLINE at www.worldcongresspediatricurology.org



ATTENDEE INFORMATION (please print)

Name	Hospital/Affiliation	
Address	City	
State/Province	Country	Postal Code
Phone	Fax	
Email Address (required for confirmation)		

REGISTRATION FEES	EARLY BIRD <i>Thru February 19, 2010</i>	REGULAR <i>Beginning February 20, 2010</i>	Amount
Urologist	\$550	\$650	_____
Non-Urologist Physician	\$550	\$650	_____
Allied Health Professional	\$250	\$300	_____
Resident	\$200	\$200	_____
Spouse/Guest	\$200	\$200	_____
Total Enclosed			_____

Registration to the 1st World Congress includes registration to the AUA Annual Meeting, 29 May – 3 June, 2010 at the Moscone Convention Center, San Francisco, California.

Name (As it appears on Card) _____ Security Code: _____

(See card images Above) Where is your Card Security Code? Your credit card's security code is a 3- or 4- digit number located on the front or back of your credit card.

CREDIT CARD NUMBER: _____ EXPIRATION DATE: ____ / ____

BILLING ADDRESS _____

(If not the same as address listed above)

SIGNATURE: _____ I authorize the World Congress to charge my credit card the above fees.

FAX THIS FORM: 978-524-8890.

If paying by check or money order, please mail to: World Congress of Pediatric Urology, 900 Cummings Center, Suite 221U, Beverly, MA, 01915 USA.

CANCELLATIONS

All requests for cancellations must be in writing and received at the World Congress Administrative Offices on or before April 15, 2010. The registration fee, less a \$100 processing fee, will be refunded after the meeting. No refunds are available for partial attendance. No refunds will be issued for cancellations received after April 15 2010.