



REGISTRATION FORM

REGISTRATION INCLUDES THE PEDIATRIC UROLOGY FALL CONGRESS

Please print or type:

Name: _____
 Institution/organization: _____
 Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Phone: _____ Fax: _____
 E-mail: _____

ANNUAL MEETING Registration Fee

	Early Bird (before 8/12)	Regular / Onsite (after 8/12)	AMOUNT
PUNS Members:	\$ 300	\$ 350	\$ _____
Non-Members	\$ 425	\$ 475	\$ _____

Add the Urodynamics Course to your registration

PUNS Member	\$ 200	\$ 250	\$ _____
Non-Members	\$ 300	\$ 350	\$ _____

Urodynamics Course ONLY

PUNS Member	\$ 300	\$ _____
Non-Members	\$ 500	\$ _____

TOTAL AMOUNT \$ _____

SIG Session Signup – I wish to attend the following SIG Breakout on Thursday.

- Biofeedback
 Patient Education
 Research
 School
 Urodynamics

Please charge my registration to the following credit card:



I would like to pay by check.
(Payable to PUNS and enclosed)

Name as it appears on Credit Card: _____
 Billing Address of Card Holder: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Credit Card #: _____ Expiration Date: _____ Security Code: _____

CANCELLATION POLICY: All requests for cancellations must be received in writing by the PUNS administrative office. If a cancellation is received at the PUNS administrative office prior to July 31, 2018, the registration fee, less a \$25.00 administrative fee, will be refunded after the meeting. Refund requests received after July 31, 2018 will not be honored.

Complete and return to: PUNS, 500 Cummings Center, Ste 4400, Beverly, MA 01915 USA; FAX ONLY to 978-524-0461.