



Pediatric Urology Nurses & Specialists

PUNS 2021 Annual Meeting

December 1 - 3, 2021
InterContinental Miami, Florida



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 11/1)	Regular / Onsite (after 11/1)	AMOUNT
PUNS Members:	\$ 395	\$ 450	\$ _____
Non-Members	\$ 520	\$ 570	\$ _____

ADD the Urodynamics Course to your registration – recommend \$25 increase

PUNS Member	\$ 275	\$ 325	\$ _____
Non-Members	\$ 375	\$ 425	\$ _____

Urodynamics Course ONLY

PUNS Member	\$ 375	\$ _____
Non-Members	\$ 575	\$ _____

TOTAL AMOUNT \$ _____

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

- Biofeedback
 Patient Education
 Research
 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: If you need to cancel your registration due to institutional travel restrictions, we will revert your registration to provide access to the presentation recordings and refund your registration fee, less the fee for access. If you need to cancel for any other reason and do not want access, we will refund the registration fee, less a \$25.00 administrative fee, after the meeting.

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