



# 2022 PUNS ANNUAL MEETING

OCTOBER 19-21 • JW MARRIOTT, LAS VEGAS



## 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 9/27)	Regular / Onsite (after 9/27)	AMOUNT
PUNS Members:	\$425	\$475	\$ _____
Non-Members	\$550	\$595	\$ _____

### ADD the Biofeedback Course (Friday, October 21) to your registration

PUNS Member	\$ 300	\$ 350	\$ _____
Non-Members	\$ 400	\$ 450	\$ _____

### Biofeedback Course (Friday, October 21) ONLY

PUNS Member	\$ 400	\$ _____
Non-Members	\$ 600	\$ _____

TOTAL AMOUNT \$ \_\_\_\_\_

Please check if you are a first-time attendee

**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: Cancellations received by September 27, 2022 will be subject to a \$50 administrative fee. No refunds will be permitted after September 27, 2022.

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