

Western Section AUA Registration Form – Kauai

92nd Annual Meeting, Oct. 23 – 28, 2016

PLEASE DO NOT USE THIS FORM AFTER OCTOBER 9 – 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 Staying? _____ Grand Hyatt, _____ Koloa Landing, _____ Sheraton _____ Other _____

First choose your Registration Package

Please reference the meeting web site for details on each package at wsaua.org/kauai16

Please complete both sides/pages	<i>Early Bird</i> <i>(By Aug. 23)</i>	<i>Regular</i> <i>(After Aug. 23)</i>	Totals
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1. AUA Physicians: AUA ID # _____ (to expedite CME credits)

___A. Western Section Member	\$675	\$775	\$ _____
___B. Western Section Senior	\$575	\$675	\$ _____
___C. AUA Member*	\$685	\$785	\$ _____

*Please indicate your Section _____

2. Residents, Fellows, Med Students

REQUIRED: verification letter or email from Department Chairman required (info@wsaua.org)

___F. Resident ___ / Fellow ___ / Med Student ___	\$75	\$175	\$ _____
___E. Spouse/Guest of above	\$125	\$175	\$ _____

Status (e.g.: Fellow, Chief Res.): _____ Year: _____

3. Guests

___G. Non-AUA Physicians	\$1075	\$1175	\$ _____
___H. Health Professionals <i>(Includes: APP, APN, PA's, Office Managers, etc.)</i>	\$455	\$505	\$ _____
___I. Spouse & Guests qty _____	\$175	\$225	\$ _____

Registered Spouse/ Guest Name(s): If planning to bring children 12 or under, how many _____

1. Name: _____ Badge nick-name: _____

2. Name: _____ Badge nick-name: _____

3. Name: _____ Badge nick-name: _____

Next choose any optional events, sports and/or additional tickets you need

Note: The Thursday evening social event is an optional event and not included in any registration packages.

	Quantity / Price	Totals
a. Tickets for Sunday (Oct.23) President's Aloha Welcome Reception		
_____ \$85 Adult _____ \$45 Junior (6-17) _____ Under 6 free		\$ _____
b. Tickets for Thursday (Oct. 30) "Hukilau Under Kauai Stars"		
_____ \$85 Adult _____ \$45 Junior (6-17) _____ Under 6 free		\$ _____
c. Tickets for Friday (Oct. 28) Round Table Brunch Program	_____ x \$ 50	\$ _____
d. Tickets for Spouse Hospitality Breakfast (Sun-Weds)*	_____ x \$ 40	\$ _____

***Note:** Tickets are included only in the spouse/guest package and children age 12 and under are welcome at no extra charge with a registered spouse/guest. If you wish to join your spouse/guest or family, you may purchase tickets in advance on this form or on-site subject to capacity sell-out. This policy is necessary due to the need to give the hotel an accurate estimate of food, beverage and seating requirements and to control costs. Without this policy, increased registration fees would result and we could experience shortages. Mahalo!

Sports Day - Monday, October 24

e. Tickets for Golf Tournament – Poipu Bay Course (1:00pm)	_____ x \$145	\$ _____
Add club rentals	_____ x \$ 15	\$ _____
f. Tickets for Tennis Tournament – Hotel Tennis Club (1:30pm)	_____ x \$ 20	\$ _____

Please add-up the Total Registration fees from both sides

TOTAL REGISTRATION FEES \$ _____

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

Lastly, 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 to: 714-550-9234**

Credit Card Payments: 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 WSAUA

Cards accepted: _____ VISA _____ MASTER CARD _____ AMEX _____ DISCOVER

Card number: _____ Expire Date: _____ CVV# _____

Cardholder Name: _____ Signature: _____

Cancellation Policy

You may cancel or change your registration up to 14 days prior to the meeting (on or before October 9, 2016) without penalty. You will receive a full refund promptly. Cancellations for any reason received after October 9, cannot be refunded. However, your registration is transferable to a friend or associate or if you decide not to use it we will credit it to a future meeting less a \$100 processing fee. No shows cannot be refunded.

Confirmation

If you do not receive a confirmation letter or email within 10 days, please contact us at 714-550-9155 or email info@wsaua.org.

SPECIAL ASSISTANCE: Please let us know if you are disabled and require special needs or assistance. Attach a written description of your needs or call us at 714-550-9155.

Office use: AMT \$ _____	REF# _____	CONF DATE: _____	REG# _____
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