

**AMERICAN ASSOCIATION OF GENITOURINARY SURGEONS
2010 ANNUAL MEETING REGISTRATION FORM
Hyatt Regency Tamaya Resort & Spa
May 5-8, 2010
Santa Ana Pueblo, New Mexico**

MEMBER/GUEST NAME: _____

Member/Guest Email: _____

SPOUSE/COMPANION NAME: _____

Spouse/Companion Email: _____

Dietary Restrictions and Requests: _____

MEMBER/INVITED GUEST (\$800.00) \$ _____

SPOUSE/COMPANION (\$400.00) \$ _____

GOLF MEN (\$155.00) BOX LUNCH (\$33.00) \$ _____

GOLF WOMEN (\$155.00) \$ _____

TENNIS (\$45.00 per person) \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

REGISTRATIONS RECEIVED AFTER TUESDAY, APRIL 6 WILL BE CHARGED A \$100 PER MEMBER/INVITED GUEST AND \$50 FOR ACCOMPANYING PERSON LATE FEE

Please return this form with your check payable to "AAGUS" in U.S. funds to: David A. Bloom, M.D.

**Secretary-Treasurer, AAGUS
University of Michigan Department of Urology
1500 E Med Ctr Dr, 3875 TC, SPC 5330
Ann Arbor, MI 48109-5330**

Visa and MasterCard are also accepted by the AAGUS. You may fax this form to 734-936-8037.

Name: _____

Mailing Address: _____

Number: _____ **Expiration Date:** _____

3-Digit Security Code on Back of Card: _____

Registration Fee is due and payable prior to the meeting.