Abdominal Wall Reconstruction
Georgetown University Hospital

CONFERENCE REGISTRATION 17 – 19 JUNE 2010

JW MARRIOTT PENNSYLVANIA AVE. ■ WASHINGTON, DC

NAME (as it is to appear on your name badge) TITLE/DEGREE

POSITION (if applicable) SPECIALTY (required)

AFFILIATION/INSTITUTION

STREET ADDRESS

CITY STATE/PROV ZIP CODE

COUNTRY

PHONE EXTENSION FAX

EMAIL (required for confirmation)

REGISTRATION FEES

	Before Oct 6	From Oct 6 to Nov 23	From Nov 24 to Jan 19	From Jan 20 to March 31	From April 1 to June 7	June 8 thru Onsite
MDs/DOs	☐ $600	☐ $650	☐ $700	☐ $750	☐ $850	☐ $900
RNs/Allied Health Professionals	☐ $350	☐ $400	☐ $450	☐ $500	☐ $600	☐ $650
Residents/Students*	☐ $200 (*Proof Required)					
Industry	☐ $900					
MDs–**One Day**	☐ $400	*Check One:*	☐ Thur.		☐ Fri.	☐ Sat.
RNs/Allied Health Professionals–**One Day**	☐ $300	*Check One:*	☐ Thur.		☐ Fri.	☐ Sat.

REGISTRATION INCLUDES ◆ Tuition ◆ Online Course Materials ◆ 18 CMEs/Contact Hours ◆ Five Breaks ◆ Welcome Reception & Dinner with Open Bar ◆ Two Breakfasts & Lunches ◆ Breakfast, Lunch, & Evening Symposia

GUEST FEES

Companion ☐ $150 Includes Welcome Reception and Dinner with Open Bar, All Conference Meals, and Access to Exhibits

Reception ☐ $50 Includes Welcome Reception and Dinner with Open Bar

Guest Name____

CANCELLATION POLICY *If your registration must be cancelled, the course fee less $150 administrative costs will be refunded if we are notified in writing by May 3, 2010. After May 3, 2010, no refunds will be given.*

PAYMENT METHOD

☐ Enclosed is a check in the amount of $____________ *(Please make checks payable to Georgetown University Hospital)*

☐ Charge my credit card the amount of $ ________ ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card#______________________________ Exp. Date _____/_____ Security PIN #________ *(3 or 4 digit number on back of card)*

Cardholder's Name (please print)______________________________

Signature______________________________

Please Fax To: 337-235-7300

YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR REGISTRATION

MAIL TO: AWR ADMINISTRATIVE HEADQUARTERS • 1018 HARDING STREET • SUITE 207 • LAFAYETTE, LA 70503

FAX: 337.235.7300 • **TEL:** 337.235.6606 • registration@AWRconference.com • www.AWRconference.com

CONFERENCE HOTEL • JW MARRIOTT PENNSYLVANIA AVENUE

1331 Pennsylvania Avenue NW • Washington, DC 20004 • Reservations 800-266-9432 • 801-832-4532

AWR Conference Rate $269 • Mention "Abdominal Wall Reconstruction" or "AWR" to secure discounted conference rate