

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**

	FROM FEB. 1 TO MARCH 31	FROM APRIL 1 TO JUNE 6	JUNE 7 THRU ONSITE
MDs/DOs	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850	<input type="checkbox"/> \$900
RNs/NPs/Allied Health Professionals	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650
Residents / Students*	<input type="checkbox"/> \$200 (*Proof Required)		
Industry	<input type="checkbox"/> \$900		

MDs–One Day	<input type="checkbox"/> \$400	Check One:	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.
RNs/Allied Health Professionals–One Day	<input type="checkbox"/> \$250	Check One:	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.

**GUEST FEES**

- Companion**  \$150 Includes Welcome Reception & Dinner with Open Bar, All Conference Meals, and Access to Exhibits
- Reception**  \$50 Includes Welcome Reception & Dinner with Open Bar

Guest Name \_\_\_\_\_

- REGISTRATION INCLUDES** ♦ Wednesday through Saturday Tuition ♦ Online Course Webcast ♦ CMEs  
 ♦ Welcome Reception & Dinner with Open Bar ♦ Eight Breaks  
 ♦ Three Breakfasts & Four Lunches ♦ Breakfast & Lunch Symposia

**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 2, 2011. After May 2, 2011, 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 Code # \_\_\_\_\_

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

**CONFERENCE HOTEL • JW MARRIOTT WASHINGTON, DC**

1331 Pennsylvania Avenue NW • Washington, DC 20004 • Reservations 800-266-9432 • 801-832-4532  
 AWR Conference Rate \$279 • Mention "Abdominal Wall Reconstruction" or "AWR" to secure discounted conference rate