

PLEASE PRINT

NAME _____

TITLE/DEGREE _____ POSITION _____

SPECIALTY: General Surgery Plastic Surgery Trauma Surgery Wound Care Other _____

AFFILIATION/INSTITUTION _____

STREET ADDRESS _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROV _____ ZIP CODE _____

COUNTRY _____ PHONE _____

EMAIL (required for confirmation) _____

REGISTRATION FEES

	BEFORE FEB 7	FEB 7 TO APRIL 2	APRIL 3 TO JUNE 5	JUNE 6 THRU ONSITE
MDs/DOs	<input type="checkbox"/> \$600	<input type="checkbox"/> \$725	<input type="checkbox"/> \$850	<input type="checkbox"/> \$900
RNs/NPs/Allied Health Professionals	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
Residents / Students*	<input type="checkbox"/> \$200 (*Proof Required)			
Industry	<input type="checkbox"/> \$900			

MDs–One Day \$400 *Check On* Thur. Fri. Sat.

RNs/Allied Health Professionals–One Day \$250 *Check One:* Thur. Fri. Sat.

GUEST FEES

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

Reception \$50 Includes Welcome Reception with Open Bar

Guest Name _____

- REGISTRATION INCLUDES** ♦ Thursday through Saturday Tuition ♦ Online Course Webcast ♦ CMEs
 ♦ Welcome Reception with Open Bar ♦ Four Breaks
 ♦ Three Breakfasts & Three 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 1, 2012. After May 1, 2012, 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 _____

Register online at www.AWRconference.com or 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 WASHINGTON, DC

1331 Pennsylvania Avenue NW • Washington, DC 20004 • Reservations 800-266-9432 • 506-474-2009

AWR Conference Rate \$289 • **Mention "Abdominal Wall Reconstruction" or "AWR" to secure discounted conference rate**