

Registration Form
IAUA Annual Banquet
Saturday, May 29, 2010
6:30 p.m. – 12:00 a.m.

Location:

Parc 55 Hotel
Cyril Magnin Ballroom
55 Cyril Magnin Street
San Francisco, CA 94102

Cost to Attend:

	<u>Before May 27:</u>	<u>On-Site Registration:</u>
Per Adult (All Attendees)*	\$50.00	\$75.00
Per Child (12 and Under)	\$25.00	\$25.00

There will be a cash bar available throughout the evening.

**Medical Students, Residents & Fellows Attend Free; Registration Required. Guest of a Medical Student, Resident or Fellow will be charged \$25.*

- I Plan To Attend the 2010 IAUA Annual Banquet on Saturday, May 29th at the Parc 55 Hotel, Cyril Magnin Ballroom.**

Number of adults attending: _____

Number of children attending: _____

Total Registration Fee Due: \$ _____

General Information (Please Print Clearly)

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Payment: __ Check __ Visa __ MasterCard

Credit Card Number: _____

Expiration Date: _____ CCV# _____

Name on Card: _____

Billing Address: _____

Signature of Card Holder: _____

Please Mail or Fax this Form to:

Indian American Urological Association
Two Woodfield Lake, 1100 E Woodfield Road, Suite 520
Schaumburg, IL 60173-5116
Phone: (847) 517-7225
Fax: (847) 517-7229
Or register online at www.iaua.net