

**THE AMERICAN GYNECOLOGICAL AND OBSTETRICAL SOCIETY  
2010 ANNUAL MEETING  
Silverado Resort – Napa, California  
October 7-9, 2010**

**CONFERENCE REGISTRATION FORM**

**ATTENDEE INFORMATION**

**PLEASE REGISTER BY FRIDAY, SEPTEMBER 17, 2010**

(PLEASE PRINT OR TYPE)

<b>First Name:</b>	<b>Last Name:</b>	
<b>Badge Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Invited Guests Only: I am an invited guest of the following AGOS member:</b>		

**REGISTRATION FEES:** (These fees do not include hotel accommodations.)

- Registration - Member:** **\$ 350.00**
- Registration - Invited Guest of Member:** **\$ 450.00**
- Registration – Spouse/ Significant other:** **\$ 100.00 (must be paid even if not all functions are attended)**

Name of Accompanying Guest (please print clearly)

**PAYMENT INFORMATION**

Payment **must** be received in full in order to process your registration. Payment can only be made by check, Visa, MasterCard, or American Express. **For registration inquiries, please call Jenna Cummins, at (312) 235-4057 or via email at [jenna.cummins@agosonline.org](mailto:jenna.cummins@agosonline.org).**

<input type="radio"/> Check (payable to AGOS)		
Check #		
<input type="radio"/> MasterCard	<input type="radio"/> Visa	<input type="radio"/> AMEX
Credit Card #		
Exp. Date:	/	/ Security Code:

Signature: \_\_\_\_\_

The Above Signature Hereby Authorizes This Transaction

PRINT NAME: \_\_\_\_\_

**SPECIAL EVENTS:**

All special social events are included in the AGOS registration fee. Please provide the number of people who will attend the following functions:

Spouse/Guest Breakfast  
– Thursday, October 7, 2010, 8:30 a.m. \_\_\_\_\_ number attending

(FOR SPOUSES / SIGNIFICANT OTHERS OF MEMBERS AND GUESTS ONLY)

Welcome Reception – Thursday, October 7, 2010, 6:00 p.m. \_\_\_\_\_ number attending

President’s Reception – Friday, October 8, 2010, 6:30 p.m. \_\_\_\_\_ number attending

Banquet – Friday, October 8, 2010, 7:30 p.m. \_\_\_\_\_ number attending

**SPECIAL MEAL OR ASSISTANCE REQUIREMENTS:**

Please check here and specify (below) special assistance or vegetarian meal requirements.

\_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**How Do I REGISTER?**

**BY FAX:**

**RETURN COMPLETED**

**FORM WITH CREDIT CARD NUMBER TO:**

AGOS

Attn: AGOS

Fax: 312-235-4059

**BY MAIL:**

**RETURN COMPLETED**

**FORM WITH PAYMENT TO:**

AGOS c/o SGO

Attn: Registration

2055 Paysphere Circle

Chicago, IL 60674

All registration forms should be received by Friday, September 17, 2010 to ensure that you will have the necessary meeting materials on site at the Annual Meeting.

**CANCELLATIONS**

Please submit meeting cancellations in writing prior to October 1, 2010. After that date a \$100 administrative fee will be withheld.