



# MARRAKECH 2010

## SIU World Meeting

### Lower Urinary Tract Dysfunction

October 13-16, 2010 ~ Marrakech, Morocco



For office use only

## REGISTRATION FORM

PLEASE COMPLETE AND RETURN THIS FORM, ALONG WITH YOUR PAYMENT, TO:

**SIU Congress Office** 1155 University, Suite 1155 Tel.: +1 514 875 5665  
 Montréal, Québec Fax: +1 514 875 0205  
 Canada H3B 3A7 registration@siucongress.org

Register online at: [www.siucongress.org](http://www.siucongress.org)

### 1 IDENTIFICATION

Please complete this section with care. This information will allow us to correspond with you efficiently. Please notify us of any change in e-mail address.

TITLE  LAST NAME  FIRST NAME

INSTITUTION

ADDRESS

CITY  PROV./STATE  COUNTRY

POSTAL CODE/ZIP  TEL (DAY)  FAX

COUNTRY CODE • AREA CODE • NUMBER COUNTRY CODE • AREA CODE • NUMBER

E-MAIL (MANDATORY)

### 2 DELEGATE PROFILE

Please select options that apply.  SIU MEMBER Membership Number

- |   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>A. Status</b><br><input type="checkbox"/> 1. Certified Urologist<br><input type="checkbox"/> 2. Urologist in Training<br><input type="checkbox"/> 3. Retired/Inactive<br><input type="checkbox"/> 4. Non-Urologist M.D.<br><input type="checkbox"/> 5. Ph.D.<br><input type="checkbox"/> 6. Other non-M.D. | <b>B. Main Activity</b><br><input type="checkbox"/> 1. Patient Care<br><input type="checkbox"/> 2. Teaching/Training<br><input type="checkbox"/> 3. Clinical Research<br><input type="checkbox"/> 4. Other Research<br><input type="checkbox"/> 5. Administrative<br><input type="checkbox"/> 6. Other | <b>C. Work Setting</b><br><input type="checkbox"/> 1. Private Office-Based<br><input type="checkbox"/> 2. Non-Academic Hospital<br><input type="checkbox"/> 3. Academic/Gov't Inst.<br><input type="checkbox"/> 4. Industry<br><input type="checkbox"/> 5. Other | <b>D. Subspecialty</b><br><input type="checkbox"/> 1. Pediatric Urology<br><input type="checkbox"/> 2. Andrology<br><input type="checkbox"/> 3. Oncology<br><input type="checkbox"/> 4. Diagnostic Urology<br><input type="checkbox"/> 5. Transplantation | <input type="checkbox"/> 6. BPH<br><input type="checkbox"/> 7. Stone Disease<br><input type="checkbox"/> 8. Incontinence<br><input type="checkbox"/> 9. Trauma/Reconstruction<br><input type="checkbox"/> 10. Other | <b>E. SIU Meetings Attended</b><br><input type="checkbox"/> 1. Shanghai 2009<br><input type="checkbox"/> 2. Santiago 2008<br><input type="checkbox"/> 3. Paris 2007<br><input type="checkbox"/> 4. Cape Town 2006<br><input type="checkbox"/> 5. Bariloche 2005<br><input type="checkbox"/> 6. Honolulu 2004 |
|---|--|--|---|---|--|

### 3 ACCOMPANYING PERSONS (only if registering for the Accompanying Persons' programme)

LAST NAME  FIRST NAME

LAST NAME  FIRST NAME

\* Accompanying persons cannot attend scientific sessions.

### 4 REGISTRATION FEES All fees are quoted in US dollars.

IF PAYMENT RECEIVED	By July 12, 2010	By September 6, 2010	September 7, 2010 or later	SUBTOTAL
SIU Member	550	650	750	\$
New SIU Member <sup>†</sup>	550	650	—	\$
Non-Member (urologist)	800	875	950	\$
Non-Member (other MD) Please specify your specialty	800	875	950	\$
Resident/Student/PhD <sup>††</sup>	400	475	750	\$
Non-MD Health Professional	475	550	750	\$
Accompanying Person	200	275	350	\$

<sup>†</sup>Join the SIU now and take advantage of reduced registration fees for members. Fill out the form at the back of this announcement or download the membership form at [www.siu-urology.org](http://www.siu-urology.org). Fax this form and the registration form, along with your payment information and sponsors' letters to +1 (514) 875 0205. <sup>††</sup>Please submit a letter from your programme director or equivalent on official stationery.

**TOTAL SECTION 4 \$**

## 5 SOCIAL EVENTS

EVENTS		TICKETS	PRICE	SUBTOTAL
<b>Thursday, October 14</b>	SIU Night <i>(included in registration fees for delegates and accompanying persons):</i>	Additional Tickets	110	\$
<b>Friday, October 15</b>	Gala Banquet		180	\$
<b>Dietary Restrictions:</b>				
				<b>TOTAL SECTION 5 \$</b>

## 6 ACCOMPANYING PERSONS' TOUR

If you are registering as an accompanying person, please select the preferred day for the City Tour that is included in the registration fee. All tours run from 0900 to 1230.

**Wednesday, October 13**     **Thursday, October 14**     **Friday, October 15**

## 7 PAYMENT

<b>TOTAL SECTIONS 4 + 5</b>	<b>TOTAL \$</b>
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### OPTION 1 CREDIT CARD

I hereby authorize the *Société Internationale d'Urologie (SIU)* to debit from my credit card account the grand total indicated above.

\_\_\_\_\_

CARDHOLDER'S NAME

Visa     MasterCard    Expiry Date   /      Signature of Cardholder \_\_\_\_\_

(Authorizing charge and acknowledging payment/cancellation policy)

\_\_\_\_\_

CARD NUMBER

Please note that the transaction will appear on your statement under the name "SIU". Should there be an error in the sum of the totals above made by the registrant, SIU reserves the right to charge the correct amount.

### OPTION 2 BANK TRANSFER

Bank transfer must be in US dollars and payable to:

Royal Bank of Canada    Acct #: 401-053-4  
 1 Place Ville Marie,    Swift Code: ROYCCAT2  
 Montreal, QC,    Transit: 00001  
 Canada H3C 3B5    Beneficiary Name: SIU Congress

Please note that the following details are very important when making a bank transfer:

1. Be sure to include your name in the transfer, as this is the only way we have to trace your payment.
2. Please be aware that the registrant is responsible for any bank charges incurred in preparing the bank transfer. The SIU must receive complete payment for the full amount owed (i.e. DO NOT SUBTRACT bank charges incurred).
3. Once the bank has prepared the transfer, please send us a copy of the transaction by fax or email in order for your payment to be traced and identified correctly. Please be aware that there will be a 15-to-30 day delay before you receive a final confirmation letter.
4. Bank transfers will be accepted if received on or before September 24, 2010.

The SIU Congress Office is not responsible for lost or incomplete payments.

## CANCELLATION AND REFUND POLICY

Delegates unable to attend The SIU World Meeting on LUTD will receive a full refund (less 25% for administration charges), provided a written request is received by the Congress Office on or before September 20, 2010. The Congress regrets that requests received after this date will not be eligible. All approved refunds will be issued after the Meeting.

