

SIU WORLD URO-ONCOLOGY UPDATE

November 19-22, 2008 | Santiago, Chile



SANTIAGO2008

For office use only



REGISTRATION FORM

1 IDENTIFICATION

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

TITLE LAST NAME FIRST NAME

Preferred Mailing Address:

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

- | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Status
<input type="checkbox"/> 1. Certified Urologist
<input type="checkbox"/> 2. Urologist in Training
<input type="checkbox"/> 3. Retired/Inactive
<input type="checkbox"/> 4. Non-Urologist M.D.
<input type="checkbox"/> 5. Ph.D.
<input type="checkbox"/> 6. Other non-M.D. | B. Main Activity
<input type="checkbox"/> 1. Patient Care
<input type="checkbox"/> 2. Teaching/Training
<input type="checkbox"/> 3. Clinical Research
<input type="checkbox"/> 4. Other Research
<input type="checkbox"/> 5. Administrative
<input type="checkbox"/> 6. Other | C. Work Setting
<input type="checkbox"/> 1. Private Office-Based
<input type="checkbox"/> 2. Non-Academic Hospital
<input type="checkbox"/> 3. Academic/Gov't Inst.
<input type="checkbox"/> 4. Industry
<input type="checkbox"/> 5. Other | D. Subspecialty
<input type="checkbox"/> 1. Pediatric Urology
<input type="checkbox"/> 2. Andrology
<input type="checkbox"/> 3. Oncology
<input type="checkbox"/> 4. Diagnostic Urology
<input type="checkbox"/> 5. Transplantation | <input type="checkbox"/> 6. BPH
<input type="checkbox"/> 7. Stone Disease
<input type="checkbox"/> 8. Incontinence
<input type="checkbox"/> 9. Trauma/Reconstruction
<input type="checkbox"/> 10. Other | E. SIU Meetings Attended
<input type="checkbox"/> 1. Paris 2007
<input type="checkbox"/> 2. Cape Town 2006
<input type="checkbox"/> 3. Bariloche 2005
<input type="checkbox"/> 4. Honolulu 2004
<input type="checkbox"/> 5. Sharm El-Sheikh 2003
<input type="checkbox"/> 6. Stockholm 2002 |
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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

	PAYMENT	SUBTOTAL
SIU Member	700	\$
SIU Member, Pediatric Programme Only	200	\$
Non-Member	800	\$
Non-Member, Pediatric Programme Only	250	\$
Resident/Student/PhD	500	\$
Nurse	500	\$
Accompanying Person	350	\$

TOTAL SECTION 4 \$

5 SOCIAL EVENTS

EVENTS		TICKETS	PRICE	SUBTOTAL
Thursday, November 20	Dinner at the Club Hípico Santiago		120	\$
Friday, November 21	Chilean Folk Evening at Los Buenos Muchachos Restaurant <i>(included in registration fees for delegates and accompanying persons)</i>	Additional Tickets	80	\$

Dietary Restrictions:

TOTAL SECTION 5	\$
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6 ACCOMPANYING PERSONS' TOUR

If you are registering accompanying persons, please select the preferred day for the City Tour that is included in the registration fee.

- Thursday, November 20**
 Friday, November 21
 Saturday, November 22

7 PAYMENT

TOTAL SECTIONS 4 + 5	\$	TOTAL	\$
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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 /
MONTH YEAR

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 Cash US Currency Only

CANCELLATION AND REFUND POLICY

Delegates unable to attend SIU World Uro-Oncology Update will receive a full refund (less 25% for administration charges), provided a written request is received by the Congress Office on or before September 26, 2008. The Congress regrets that requests received after this date will not be eligible. All approved refunds will be issued after the Congress.