



# SIU 2009 30th Congress of the Société Internationale d'Urologie



For office use only

## SHANGHAI 2009

November 1-5, 2009 | Shanghai, China

### 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)

PLEASE SEND ME AN INVITATION LETTER FOR A VISA APPLICATION  YES  NO

PASSPORT NO.  NATIONALITY  EXPIRY DATE

#### 2 DELEGATE PROFILE

Please select options that apply.  SIU MEMBER Membership Number

<b>A. Status</b>	<b>B. Main Activity</b>	<b>C. Work Setting</b>	<b>D. Subspecialty</b>	<b>E. SIU Meetings Attended</b>
<input type="checkbox"/> 1. Certified Urologist	<input type="checkbox"/> 1. Patient Care	<input type="checkbox"/> 1. Private Office-Based	<input type="checkbox"/> 1. Pediatric Urology	<input type="checkbox"/> 1. Santiago 2008
<input type="checkbox"/> 2. Urologist in Training	<input type="checkbox"/> 2. Teaching/Training	<input type="checkbox"/> 2. Non-Academic Hospital	<input type="checkbox"/> 2. Andrology	<input type="checkbox"/> 2. Paris 2007
<input type="checkbox"/> 3. Retired/Inactive	<input type="checkbox"/> 3. Clinical Research	<input type="checkbox"/> 3. Academic/Gov't Inst.	<input type="checkbox"/> 3. Oncology	<input type="checkbox"/> 3. Cape Town 2006
<input type="checkbox"/> 4. Non-Urologist M.D.	<input type="checkbox"/> 4. Other Research	<input type="checkbox"/> 4. Industry	<input type="checkbox"/> 4. Diagnostic Urology	<input type="checkbox"/> 4. Bariloche 2005
<input type="checkbox"/> 5. Ph.D.	<input type="checkbox"/> 5. Administrative	<input type="checkbox"/> 5. Other	<input type="checkbox"/> 5. Transplantation	<input type="checkbox"/> 5. Honolulu 2004
<input type="checkbox"/> 6. Other non-M.D.	<input type="checkbox"/> 6. Other		<input type="checkbox"/> 6. BPH	<input type="checkbox"/> 6. Sharm El-Sheikh 2003
			<input type="checkbox"/> 7. Stone Disease	
			<input type="checkbox"/> 8. Incontinence	
			<input type="checkbox"/> 9. Trauma/Reconstruction	
			<input type="checkbox"/> 10. Other	

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

LAST NAME  FIRST NAME

PASSPORT NO.  NATIONALITY  EXPIRY DATE

LAST NAME  FIRST NAME

PASSPORT NO.  NATIONALITY  EXPIRY DATE

\* Accompanying persons cannot attend scientific sessions.

#### 4 REGISTRATION FEES All fees are quoted in US Dollars

IF PAYMENT RECEIVED	By July 17, 2009		By September 4, 2009		September 5, 2009 or later	SUBTOTAL
	EARLY	REGULAR	REGULAR	LATE		
SIU Member	650		750		850	\$
New SIU Member†	650		750		—	\$
Urologist Non-Member	850		950		1050	\$
Other MD Non-Member Please specify your specialty _____	850		950		1050	\$
Resident/Student/PhD ††	450		450		600	\$
Non-MD Health Professional	500		600		700	\$
Accompanying Person	250		300		350	\$
WUOF Supplement	150		150		150	\$
WUOF Only	400		500		600	\$

†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.

††Please submit a letter from your program director or equivalent on official stationery.

**TOTAL SECTION 4 \$**

## 5 SOCIAL EVENTS

EVENTS	TICKETS	PRICE	SUBTOTAL
<b>Monday, November 2</b>	SIU Night <i>(included in registration fees for delegates and accompanying persons):</i>	Additional Tickets	\$100 \$
<b>Tuesday, November 3</b>	ERA Show		\$58 \$
	Huangpu River Cruise		\$82 \$
	"Sky is the Limit" Tour		\$36 \$
<b>Wednesday, November 4</b>	Gala Banquet		\$125 \$
Dietary Restrictions:			
			<b>TOTAL SECTION 5 \$</b>

## 6 ACCOMPANYING PERSONS' TOUR

If you are registering as an accompanying person please select the preferred day for the Shanghai Classic Tour that is included in the registration fee.

**Sunday, November 1**     **Monday, November 2**     **Tuesday, November 3**     **Wednesday, November 4**

## 7 INSTRUCTIONAL COURSES

Fee per course \$30, except IC01 (free of charge, pre-registration mandatory).

### Sunday, November 1

Please select one

- IC01: Operative Surgery (full-day course)  
 IC02: Urodynamics (1300-1700)

### Monday, November 2, 0700-0830

Please select one

- IC03: LUTS/BPO  
 IC04: Urethroplasty and Reconstruction  
 IC05: Urological Stents  
 IC06: LESS Laparoscopy

### Tuesday, November 3, 0700-0830

Please select one

- IC07: Chronic Pelvic Pain Syndrome in Men  
 IC08: Male Sexual Dysfunction  
 IC09: Advances in PCNL  
 IC10: Advanced Prostate Cancer, Problems and Solutions  
 IC11: Office Urology

### Wednesday, November 4, 0700-0830

Please select one

- IC12: Pediatric Urology  
 IC13: Problems in Female Urology  
 IC14: Advances in Flexible Ureteroscopy  
 IC15: Penile Cancer

**TOTAL INSTRUCTIONAL COURSES \$**

## 8 PAYMENT

**TOTAL SECTIONS 4 + 5 + 7**

**TOTAL \$**

### 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 Bank Draft

The bank draft must be in US currency only and made payable to **SIU CONGRESS**. Your name and address must be clearly indicated on the back. Drafts from outside Canada must include the complete name and branch mailing address of the US bank through which they may be cashed.

### Option 3 Bank Transfer

Bank transfer must be in US currency and payable to:

Royal Bank of Canada    Swift Code: ROYCCAT2  
 1 Place Ville Marie    Transit: 00001  
 Montreal, QC H9C 3B5    Account Number: 403-703-2  
 Canada    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 October 9, 2009.  
 The SIU Congress Office is not responsible for lost or incomplete payments.

## CANCELLATION AND REFUND POLICY

Delegates unable to attend SIU 2009 will receive a full refund (less 25% for administration charges), provided a written request is received by the Congress Office on or before September 18, 2009. The Congress regrets that requests received after this date will not be eligible. All approved refunds will be issued after the Congress.