

17th Annual

FLOYD A. FRIED ADVANCES IN UROLOGY

Friday, June 21 & Saturday, June 22, 2019

Paul J. Rizzo Conference Center, 150 DuBose House Lane, Chapel Hill, NC 27517

REGISTRATION FEES (please make applicable fee)		
Before June 8, 2019	After June 8,2019	UNC Rate
-\$250 MD's and DO's (2 Days)	\$300 MD's and DO's (2 Days)	\$175 UNC Faculty
-\$125 OHCP (2 Days)	\$150 OHCP (2 Days)	\$100 Fellows &
-\$75 OHCP (1 Day)	\$90 OHCP (1 Days)	Residents

First Name: _____ MI: _____

Last Name: _____

Social Security # (last 4 digits only) _____ Dr. Mr. Mrs.

Degree (s) (e.g MD, PharmD, MS, BS) _____ Clinical Specialty: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home County: _____ Home Phone: _____

Employer: _____

Job Title: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Fax: _____

Department: _____ Email Address: _____

By Providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and addresses indicated.

Payment Options: Payment or Supervisor signature must accompany registration

Check enclosed (Make Checks payable to UNC Urology)

Charge My Personal Card or Corporate Card (circle one) Visa Mastercard AMEX Discover

Credit Card# _____ - _____ - _____ - _____ Exp Date: _____ - _____ CVV: _____

Signature of card holder: _____

Employer will make payment. Fax Registration now: 919-966-0098

Supervisor's Printed Name: _____ Title: _____

Supervisor's Signature: _____ Phone: _____

CANCELLATION AND REFUNDS FOR ADVANCES IN UROLOGY

No Refunds will be issued unless we are notified by 5pm on June 8, 2019. A \$75 Cancellation fee will be deducted from your registration fee if a refund is issued