

# SUNA Advanced uroLogic Registration Form

March 1-3, 2024 | Nashville, TN

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Employer/Organization: \_\_\_\_\_

Preferred Mailing Address:  home  work \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Daytime Phone:  home  work  cell (\_\_\_\_\_) \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

*To receive your receipt/confirmation, conference updates, and to be used to login for contact hours.*

Including this meeting, how many National SUNA Conferences have you attended?  1  2  3  4  5+





Please list any dietary/disability needs so we can accommodate you. \_\_\_\_\_

I am interested in being moderator  yes

In-Person PRECONFERENCE REGISTRATION FEES — 3/1/24	MEMBER	NONMEMBER	AMOUNT
010: OAB Bootcamp 10:00 am - 12:00 pm <i>(Limited to 50 participants)</i>	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	
In-Person MAIN CONFERENCE REGISTRATION FEES — 3/1-3/3	MEMBER	NONMEMBER	AMOUNT
Early Fee - on or before 2/2/24	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525	
Regular/Onsite Fee - after 2/2/24	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575	
In-Person STUDENT* REGISTRATION FEES — 3/1-3/3	MEMBER	NONMEMBER	AMOUNT
Early Fee - on or before 2/2/24	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	
Regular/Onsite Fee - after 2/2/24	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	

\*Students must provide a valid ID at time of registration.

MEMBERSHIP	AMOUNT
Join SUNA for \$95 with registration and select member pricing <input type="checkbox"/> Join <input type="checkbox"/> Renew add \$95 Submit membership application along with registration form. Membership is non-refundable/non-transferable. Membership must be valid through March 31, 2024 to qualify for member rates. Current members may renew their membership with their conference registration. Membership will commence upon current expiration.	
Foundation donation (multiples of \$10) _____ x \$10	Total

PAYMENT		AMOUNT
Check enclosed payable in US funds to: <b>SUNA</b>	Total Amount Enclosed	
OR charge my  <input type="checkbox"/> VISA  <input type="checkbox"/> Mastercard  <input type="checkbox"/> American Express  <input type="checkbox"/> Discover	Cardholder name (please print) _____ Credit card billing address _____ _____ Signature _____	
_____ Credit Card Number		
Exp. Date _____ Security Code _____		
FRIDAY, March 1, 2024	SUNDAY, March 3, 2024	
Concurrent Sessions 3:25 pm - 4:25 pm 111___ 112___	Concurrent Sessions 9:35 am - 10:35 am 311___ 312___	

*(General sessions are open to all registered attendees.)*

For cancellations received in writing by February 2, 2024, a \$75 administrative fee will be assessed and the balance will be remitted to the original form of payment. No refunds will be made after February 2, 2024. Membership fee is non-refundable, non transferable. SUNA reserves the right to cancel programs because of emergencies, labor strikes, acts of God, pandemics, force majeure and insufficient registration or sponsorship.

## 3 Ways to Register

**ONLINE**

[www.suna.org](http://www.suna.org)

**FAX**

856-218-0557

**MAIL**

**SUNA Registration**

Box 56

Pitman, NJ 08071-0056