

**2009 DUKE TUESDAY IN UROLOGY
REGISTRATION**

GENERAL INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: () - _____

Fax: () - _____

**E-mail:* _____

*Email address requested for CME purposes

REGISTRATION AND FEE INFORMATION

- Registration is managed on a yearly basis, and practicing urologists **must** register for all three meetings with a \$300.00 annual registration fee.
- Non-practicing (retired) urologists may register for individual conferences (\$100.00 per conference attended).
- There is no charge for non-practicing physicians who are not seeking CME credit.

Please check one of the following:

Practicing physician Non-practicing physician, request CME credit No CME credit requested

_____ Check is enclosed payable to *Duke University Medical Center, Urology*

RETURN FORM TO:

Division of Urologic Surgery
Attn: Robin Phillips
DUMC 3707
Durham, NC 27710
Fax: (919) 684-4611
Phone: (919) 668-3532