

ACOG ADVANCE REGISTRATION FORM

The deadline for advance registration is Tuesday, April 6, 2010.

ACOG ACM REGISTRATION DEPARTMENT, P.O. BOX 4088, FREDERICK, MARYLAND 21705
 (800) 686-7295 / (847) 996-5876 (PHONE), (888) 772-1888 / (301) 694-5124 (FAX), www.acog.org/acm

STEP 1A: ACM REGISTRANT Name as it should appear on badge (please print)

First Name or Nickname _____	Last Name _____	Degree _____
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ACOG ID # _____	<input type="checkbox"/> I do not want to receive information from ACOG's 2010 exhibitors regarding product demonstrations, industry-sponsored symposiums, events taking place during the Annual Clinical Meeting, giveaways, or invitations to Exhibitor. <input type="checkbox"/> Which of the following best describes your primary practice focus? <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Ob-Gyn</td> <td><input type="checkbox"/> Gynecologic Oncology</td> </tr> <tr> <td><input type="checkbox"/> Ob Only</td> <td><input type="checkbox"/> Primary and Preventive Care</td> </tr> <tr> <td><input type="checkbox"/> Gyn Only</td> <td><input type="checkbox"/> Reproductive Endocrinology and Infertility</td> </tr> <tr> <td><input type="checkbox"/> Urogynecology and Pelvic Reconstructive Surgery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Maternal-Fetal Medicine</td> <td></td> </tr> </table>	<input type="checkbox"/> Ob-Gyn	<input type="checkbox"/> Gynecologic Oncology	<input type="checkbox"/> Ob Only	<input type="checkbox"/> Primary and Preventive Care	<input type="checkbox"/> Gyn Only	<input type="checkbox"/> Reproductive Endocrinology and Infertility	<input type="checkbox"/> Urogynecology and Pelvic Reconstructive Surgery		<input type="checkbox"/> Maternal-Fetal Medicine	
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<input type="checkbox"/> Maternal-Fetal Medicine											
Name _____											
Address _____											
City _____ State/Province _____											
Zip _____ Country _____											
Daytime Phone Number _____											
Fax Number _____											
E-mail Address _____											

STEP 1B: SPOUSE/GUEST REGISTRANT

If you would like to register a spouse/guest, please list the name below and include \$170 with your registration fee. Spouse or guest must be linked with an ACM registrant. To register more than one spouse/guest, please make a copy of this form.

First Name or Nickname _____ Last Name _____

City _____ State _____

STEP 2: REGISTRATION FEE

Forms received after **Tuesday, April 6, 2010**, will be charged the on-site registration fee.

	Advance	After April 6		Advance	After April 6
Fellow (RG01)	<input type="checkbox"/> \$395	<input type="checkbox"/> \$425	Non-Member Resident (RG07)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$530
Junior Fellow in Practice (RG02)	<input type="checkbox"/> \$320	<input type="checkbox"/> \$370	Non-Member Physician (RG08)	<input type="checkbox"/> \$595	<input type="checkbox"/> \$645
Junior Fellow in Training (RG03)	<input type="checkbox"/> \$320	<input type="checkbox"/> \$370	Other Healthcare Professional (RG09)	<input type="checkbox"/> \$595	<input type="checkbox"/> \$645
Life Fellow/Fellow Senior Status (RG04)	<input type="checkbox"/> \$270	<input type="checkbox"/> \$270	Medical Student (RG10)	<input type="checkbox"/> Comp	<input type="checkbox"/> Comp
Associate Member (RG05)	<input type="checkbox"/> \$410	<input type="checkbox"/> \$460	Spouse/Guest (RG11)	<input type="checkbox"/> \$170	<input type="checkbox"/> \$175
Educational Affiliate (RG06)	<input type="checkbox"/> \$410	<input type="checkbox"/> \$460			

ID required at registration.

Registration Fee Subtotal \$ _____

STEP 3: HOTEL INFORMATION

A. I do not require a hotel reservation because I am staying at a local residence.

B. I am staying in a hotel not in the ACOG room block _____
(Name of hotel. This information is important for entry in the registration locator/message center system.)

C. Who should we contact in case of emergency _____
(Name) (Telephone Number)

STEP 4: EDUCATIONAL SELECTIONS Please provide the entire session number in the spaces or check the box.

POSTGRADUATE COURSES

Series 120: \$300 (Life Fellow \$240)

SATURDAY and SUNDAY (SS)

1st 2nd 3rd
 SS___ SS___ SS___

SATURDAY and SUNDAY (HO)

Saturday
 HO01 - \$520 HO02 - \$950

Series 060: \$160 (Life Fellow \$130)

(Do not select Saturday or Sunday 060 if selecting 120 Course)

1st 2nd 3rd 4th 5th
 Saturday: SA___ SA___ SA___ SA___ SA___
 Sunday: SU___ SU___ SU___ SU___ SU___

Sunday
 HO03 - \$520 HO04 - \$520
 HO05 - \$950

Series 030: \$85 (Life Fellow \$70)

SA301 SA302 SA303
 SU301 SU302 SU303
 MN301 MN302
 TU301 TU302 TU303

First Name or Nickname _____ Last Name _____

City _____ State _____

STEP 4: EDUCATIONAL SELECTIONS (continued)

INTERACTIVE SESSIONS (\$45)

- IS01: Monday AM
- IS03: Tuesday AM
- IS05: Tuesday PM
- IS07: Wednesday AM
- IS02: Monday PM
- IS04: Tuesday AM
- IS06: Tuesday PM

PLENARY SESSIONS (COMPLIMENTARY)

- PS01
- PS04
- PS07
- PS10
- PS02
- PS05
- PS08
- PS11
- PS03
- PS06
- PS09

LUNCHEON CONFERENCES (\$45) Please list six preferences and include the entire number—there are only nine seats at each table.

I would like a vegetarian meal.

	1st	2nd	3rd	4th	5th	6th
Monday	LM _____	LM _____	LM _____	LM _____	LM _____	LM _____
Tuesday	LT _____	LT _____	LT _____	LT _____	LT _____	LT _____

"BROWN BAG" SEMINARS (\$60) I would like a vegetarian meal.

- Monday BBM1 BBM2 BBM3 BBM4 BBM5
- Tuesday BBT1 BBT2 BBT3 BBT4 BBT5

CLINICAL ISSUES UPDATE

- Monday CIU01
- Tuesday CIU02

MEDICAL STUDENT ACTIVITIES (COMPLIMENTARY)

- MSW01
- MSC01

NUCHAL TRANSLUCENCY QUALITY ASSESSMENT

- MFM1

CLINICAL SEMINARS

List four preferences. The first two clinical seminars selected are complimentary with a paid registration. The third clinical seminar is \$45.

	1st	2nd	3rd	4th		1st	2nd	3rd	4th
Monday AM	CMA _____	CMA _____	CMA _____	CMA _____	Tuesday PM	CTP _____	CTP _____	CTP _____	CTP _____
Monday PM	CMP _____	CMP _____	CMP _____	CMP _____					

STEP 5: SUMMARY OF FEES

Payment must be made in US dollars. Wire transfers not accepted. Make checks payable to ACOG.

Registration Fee Subtotal (See Step 2)					
Postgraduate 120 55	\$300 (Life Fellow \$240)	\$ _____		Talking with Your Children About Sexuality (EV03)	# _____ @ \$10 each \$ _____
Postgraduate 060 SA	\$160 (Life Fellow \$130)	\$ _____		Junior Fellow Course with Lunch (EV04)	# _____ @ \$25 each \$ _____
Postgraduate 060 SU	\$160 (Life Fellow \$130)	\$ _____		McCain Fellows Luncheon (EV05)	# _____ @ \$15 each \$ _____
Hands-on Course	\$520	\$ _____		Event for All Spouses/Partners: "Wine Tasting" (EV06)	# _____ @ \$10 each \$ _____
Hands-on Course (Laparoscopy)	\$950	\$ _____		Your Financial APGAR - Financial Planning for Physicians (EV07)	# _____ @ \$10 each \$ _____
Postgraduate 030	\$85.00 (Life Fellow \$70)	\$ _____		Young Physicians Forum Breakfast (EV08)	# _____ @ \$15 each \$ _____
Luncheon Conference(s)	# _____ @ \$45 each	\$ _____		Adolescent Pregnancy Prevention Luncheon (EV09)	# _____ @ \$15 each \$ _____
"Brown Bag" Seminar(s)	# _____ @ \$60 each	\$ _____		Party with the President (EV10)	# _____ @ \$85 each \$ _____
Medical Student Workshop	Complimentary*	# _____		ACOG Members Junior Fellow in Training Spouse/Guest	# _____ @ \$65 each \$ _____
Medical Student Course	Complimentary*	# _____		Children ages 12 and under	# _____ @ \$105 each \$ _____
Clinical Seminar(s)	# _____ @ 2 comp	\$ _____		All Other ACM Registrants	# _____ @ \$30 each \$ _____
Clinical Seminar (Additional)	# _____ @ \$45 each	Comp \$ _____		Farewell Reception (EV11)	# _____ @ \$110 each \$ _____
Interactive Session(s)	# _____ @ \$45 each	\$ _____			Complimentary* # _____
Nuchal Translucency (MFM1)	\$350	\$ _____			TOTAL \$ _____
Live Telesurgery Session (TL01)	Complimentary*	# _____			
Clinical Issues Update—Monday (CIU01)	Complimentary*	# _____			
Clinical Issues Update—Tuesday (CIU02)	Complimentary*	# _____			
Fun Run/Walk (EV01)	\$10 Donation	\$ _____			
Welcome Reception (EV02)	Complimentary*	# _____			

*You must register for the meeting as a Registrant, Spouse or Guest to attend this function.

STEP 6: PAYMENT INFORMATION

Payment must be made in US dollars. Check Check Number _____

Credit Card Information (credit card will be charged at time reservation is booked)

- VISA
- MasterCard
- American Express
- Discover

Card number _____

Expiration Date (month/year) _____

Name as it appears on the card (please print) _____

Signature (required) _____