



WESTERN ASSOCIATION OF GYNECOLOGIC ONCOLOGISTS
ANNUAL MEETING
FESS PARKER'S DOUBLETREE RESORT
June 9-12, 2010

Meeting Registration Form

Attendee Information (Please print)

Deadline May 9, 2010

Name: _____

Badge Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Fax: _____ Email: _____

Specify special requirements for the meeting: _____

SPOUSE/COMPANION/CHILDREN REGISTRATION

Note: All attending social events must pay registration fee

Name of Spouse/Companion (Please Print or Type)

Names of Children over 12 years old

Names of Children 6-12 years old

Please indicate number of persons in your party attending:

- 1. Welcome Reception Wednesday evening (heavy hors d'oeuvres) _____
 - 2. Continental Breakfast (Thursday, Friday and Saturday) _____
 - 3. Banquet Friday evening _____
- Vegetarian meal requested? Yes___ Number _____

REGISTRATION FEES

NOTE: All presenters and those attending any part of the meeting or social events must pay the registration fee.

	Before or on 5/09/2010	After 5/09/2010
WAGO Member	\$ 300.00	\$ 325.00
Non Member	\$ 350.00	\$ 375.00
*Resident/Fellow	\$ 175.00	\$ 200.00
Spouse/Companion/Child(ren) over 12	\$ 175.00	\$ 200.00
Child(ren) 6-12 years old	\$ 75.00	\$ 100.00

*** Note to all Residents/Fellows:**

- **This reduced fee is offered to those individuals currently enrolled in a Board-approved residency or fellowship program. A letter from your Program Director confirming your status must be submitted with this form and your**

registration fee of \$175

PAYMENT INFORMATION

All registration payments must be received in full in order to process your registration. Payment can only be in the form of a Check, Visa, MasterCard or American Express. All Checks should be made payable to WAGO.

<input type="checkbox"/> CHECK MADE PAYABLE TO WAGO	CHECK# _____	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS
CREDIT CARD NUMBER _____		
EXPIRATION DATE: / /		

SIGNATURE: _____
The above signature hereby authorizes this transaction to my credit card

CUT-OFF DATE

All registration forms should be received by May 9, 2010, to ensure that you will have the necessary meeting materials on site at the Annual Meeting.

CANCELLATIONS

Please submit meeting cancellations in writing prior to May 9, 2010. A \$50 administrative fee will be subtracted from the refund.

TO REGISTER BY MAIL, return the completed registration form with payment to:

WAGO
409 12TH ST SW
ATTN: MARION JOHNSON
WASHINGTON, DC 20024

TO REGISTER BY FAX (Credit Card Registration Only), fax the completed registration form with the Credit Card number to: WAGO, Marion Johnson at (202) 554-0453.

REGISTRATION INQUIRIES SHOULD BE DIRECTED TO (202) 863-2570.