

**Reed M. Nesbit Society  
Annual Meeting  
Registration Form for Society Members  
Thursday, October 11 - Friday, October 12, 2007**

**Registration should be received by September 21, 2007**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Will make hotel reservations at the Holiday Inn	Yes	No			
Will attend 10/11 scientific session	Yes	No			
Will attend 10/11 Dr. McGuire's professorship Dinner	Yes	No	Number _____		
Will attend 10/12 Scientific Session	Yes	No	Number _____x \$50	\$_____	
Will attend Nesbit Society Reunion Dinner on 10/12	Yes	No	Number _____x \$100	\$_____	

*Please list any dietary needs* \_\_\_\_\_

Number of parking passes needed                      Thursday session \_\_\_\_\_ Friday session \_\_\_\_\_

\*Number of football tickets desired                      Yes    No    Number \_\_\_\_\_x \$ 55                      \$\_\_\_\_\_

\$\_\_\_\_\_ Total

**CME Credit will be offered at Thursday & Friday's sessions**

Checks should be made payable to the "Nesbit Society"

If you would like to pay by credit card please fill out the enclosed authorization form.

*\*football tickets are available on a first-come/first-served basis*

*Please return to:  
Maureen Perdomo  
Department of Urology  
TC 3875 Box 5330  
1500 E. Medical Center Dr. Ann Arbor, MI 48109  
Phone: 734-936-5752 Fax: 734-936-9127  
mperdomo@umich.edu*