Reed M. Nesbit Society
Annual Meeting
Non-Member Registration Form
Thursday, October 11 - Friday, October 12, 2007

Registration should be received by September 21, 2007

Name:_____ Contact Number:_____

Fax Number:_____ Email:_____

Address: _____

_____

Will attend 10/11 Afternoon Session Yes No Number ___ (FREE)
1:30-5:00pm
Sheldon Auditorium, Towsley

Will attend 10/12 Scientific Session Yes No Number ____x $75
8:00-4:30pm
Dow Auditorium, Towlsey

$_____ Total

Number of parking passes needed Thursday _____ Friday _____

CME Credit will be offered at Friday's session

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.

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