 **Nesbit Member Registration Form**

32nd Reed M. Nesbit Society and Visiting Professor Meeting

**Thursday, September 14 - Saturday, September 16, 2017**

**Registration due by August 31, 2017**

**CME credit will be offered at Thursday & Friday’s sessions**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

I will make hotel reservations by 8/30 at the Courtyard Marriott (734-995-5900) ❑ Yes ❑ No

I will make hotel reservations by 8/30 at the Holiday Inn (734-769-9800) ❑ Yes ❑ No

**I will attend:**

9/14 Scientific/Case Presentations 1:30-5:00 p.m. at Building 18 Dining Hall, North Campus Research Complex

9/15 Scientific Session from 9:00 a.m.-4:30 p.m. at Building 18 Dining Hall, North Campus Research Complex

# Attending Thursday \_\_\_\_\_ # Attending Friday \_\_\_\_\_\_\_\_\_\_ Total: $\_\_\_\_\_\_\_($75 per attendee)

9/15 Nesbit Society Reunion Dinner at 7:00 p.m., Barton Hills Country Club # Attending \_\_\_\_\_ $\_\_\_\_\_\_\_ ($100 per attendee)

G**rand Total $\_\_\_\_\_\_\_\_**

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

Parking passes needed: ❑Thursday session ❑Friday session

I will attend the Nesbit Tailgate on Saturday, 9/16 (Tailgate time: 9:00 a.m.-12:00 p.m.) # Attending \_\_\_\_\_ (No Charge)

**Payment Information**

❑ Check payable to the “Reed Nesbit Society”

❑ MasterCard ❑ Visa

Credit Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 digit security code on back of card: \_\_\_\_\_\_\_\_\_\_\_\_ Signature Required for Credit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide us with the billing address for the above credit card. A receipt will be sent to you.

**Please submit by August 31st to:**

Tammie Leckemby

Phone: 734-936-8847 ~ Fax: 734-936-8037

Michigan Medicine, Department of Urology

1500 E. Medical Center Drive

3875 Taubman Center SPC 5330

Ann Arbor, MI 48109-5330

Email: [tderry@umich.edu](mailto:tderry@umich.edu)

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_