**Nesbit Non-Member Registration Form**

32nd Reed M. Nesbit Society and Visiting Professor Meeting

**Thursday, September 14th - Friday, September 15th, 2017**

**Registration Due by August 31, 2017**

CME credits will be offered at Thursday & Friday’s sessions

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

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

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

LOCATION: Both Days at Building 18 Dining Hall, North Campus Research Complex, Ann Arbor, Michigan

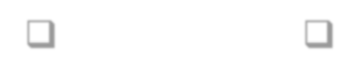
# I will attend:

Thursday, 9/14 Scientific/Case Presentations 1:30-5:00 PM

# Attending Thursday \_\_\_\_\_\_\_

Friday, 9/15 Scientific Sessions 9:00 AM - 4:00 PM # Attending Friday \_\_\_\_\_\_\_

**REGISTRATION FEE: $75.00 per attendee** TOTAL: $\_\_\_\_\_\_\_



Parking passes needed:

* Thursday session
  + Friday session

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**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 Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit by August 31 to:**

Tammie Leckemby

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

Michigan Medicine, Dept. 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)

*Please provide us with the billing address for the above credit card. A receipt will be issued.* Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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