

# MIRA 5<sup>TH</sup> INTERNATIONAL CONGRESS



## REGISTRATION FORM • January 27-30, 2010 • San Diego, California

I am unable to attend but I would like to be updated on all future conferences.

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

### Registrant Information

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Medical License Number or last 5 digits of your Social Security (mandatory): \_\_\_\_\_

### Please check your profession and registration rate:

Member **\$460.00**    Non-Member \* **\$570.00**    Resident/Fellow **\$220.00**    Allied Health **\$205.00**    Guest **\$175.00**

### Post-Graduate Course & Hands-On Course Selection

All Courses will take place on **Wednesday, January 27, 2010** • There is limited room for the hands-on courses. Participation in the Master's Robotics Hands-On Courses require previous robotic training. Participants who register will be screened for experience

#### Master Robotics Hands-On Course:

Colorectal (Morning Didactic/Afternoon Hands-On): **\$895.00**

Urology (1/2 day course: 8:00am-12:00pm): **\$895.00**

Gynecology (1/2 day course: 1:00pm-4:00pm): **\$895.00**

#### Post-Graduate Courses

Robotic Thoracic Surgery (8:00am-12:00pm)

Member: **\$200**

Non-Member: **\$250**

Resident/Fellow: **\$150**

Urology PG Course (1:00pm-4:00pm)

Member: **\$200**

Non-Member: **\$250**

Resident/Fellow: **\$150**

**Late Fee** due after January 4, 2010: **\$75.00**

**Total Due:** \$ \_\_\_\_\_

\*Registration fee includes breakfasts, lunch, breaks for all registrants. The evening reception and the social event are included for all registrants except for day passes.

### Payment Information

Check (Please make payable to the **Minimally Invasive Robotics Association MIRA**)

Credit card (Circle one:   Mastercard   Visa   AMEX)

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC II Code (last 3 digits on back of card) : \_\_\_\_\_

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

**Cancellation and refunds:** To receive a refund less a \$30.00 administration fee, cancellations must be in writing or by fax and MUST be received by January 4, 2010. NO REFUNDS WILL BE GIVEN ON SITE. Fax: 310.437.0585

**ADA Statement:** In compliance with Americans with Disabilities Act, we will make every reasonable effort to accommodate your needs. For any special requests, please call Maribeth Balon at 310-424-3326 ext 125 before January 4, 2010.

### Mail or fax this form with payment to:

MEETING REGISTRAR: **11300 W. Olympic Blvd, Suite 600, Los Angeles CA 90064**

PHONE: **+1 310.424.3353, ext 128**   FAX: **+1 310.437.0585**   EMAIL: **registrar@mirasurgery.org**