SUNA uro**Logic** Conference Registration Form
September 26-29, 2024 | Orlando, FL

Name: _____ Credentials: _____

Employer/Organization: _____

Preferred Mailing Address: ☐ home ☐ work _____

City: _____ State: _____ Zip/Postal Code: _____

Daytime Phone: ☐ home ☐ work ☐ cell (_____) _____

Required attendee email address: _____

To receive your receipt/confirmation, conference updates, and to be used to login for contact hours.

Including this meeting, how many National SUNA Conferences have you attended? ☐1 ☐2 ☐3 ☐4 ☐5+

I am interested in being a moderator. ☐ Yes Dietary/Disability need_____

IN-PERSON PRECONFERENCE WORKSHOPS - 9/26/24	MEMBER	NONMEMBER	AMOUNT
010 Cystoscopy – 7:30am - 5:15pm	☐ $300	☐ $375	
020 The Intersection of Men's Health and Urology – 7:30am - 11:45am	☐ $145	☐ $220	
030 Urogynecology and Pelvic Floor Therapy Workshop – 7:30am - 11:45am	☐ $145	☐ $220	
040 Urodynamics – 1:00pm - 5:15pm	☐ $145	☐ $220	
050 UroPharmacology – 1:00pm - 5:15pm	☐ $145	☐ $220	
IN-PERSON MAIN CONFERENCE	**MEMBER**	**NONMEMBER**	**AMOUNT**
Early Fee - on or before 8/26/24	☐ $525	☐ $650	
Regular/Onsite Fee - after 8/26/24	☐ $575	☐ $700	
Non-NCPD Rate - A discounted rate is available for students and retired members. Please contact the National Office if interested.			
IN-PERSON DAILY	**MEMBER**	**NONMEMBER**	**AMOUNT**
Early Fee - on or before 8/26/24	☐ $250	☐ $290	
Regular/Onsite Fee - after 8/26/24	☐ $270	☐ $310	
Please check the day you will attend: ☐ Fri ☐ Sat ☐ Sun			
LIVESTREAM MAIN CONFERENCE	**MEMBER**	**NONMEMBER**	**AMOUNT**
Early Fee - on or before 8/26/24	☐ $525	☐ $650	
Regular - after 8/26/24	☐ $575	☐ $700	
OPTIONAL ADD-ONS			**AMOUNT**
Guest badge *(other than attendee. In-person only).* Exhibit Hall Opening Reception Guest name _____	☐ $50	☐ $50	
Foundation Donation (multiples of $10)	_____ x $10 = Total →		

PAYMENT

Check enclosed payable in US funds to: **SUNA** **Total Amount Enclosed**

OR charge my ☐ VISA ☐ Master Card ☐ American Express

_____
Credit Card Number

Exp. Date _____ Security Code _____

Card holder name (please print) _____

Credit card billing address _____

_____

Signature _____

Please indicate 1st and 2nd choice for all Concurrent sessions. General sessions open to all registered attendees.

FRIDAY, SEPTEMBER 27				SATURDAY, SEPTEMBER 28			
CONCURRENT SESSIONS				**CONCURRENT SESSIONS**			
11:45 am - 12:45 pm	**141 ____**	**142 ____**	**143 ____**	**8:15 am - 9:15 am**	**211 ____**	**212 ____**	**213 ____**
2:15 pm - 3:15 pm	**161 ____**	**162 ____**	**163 ____**	**11:15 am - 12:15 pm**	**221 ____**	**222 ____**	**223 ____**
3:30 pm - 4:30 pm	**171 ____**	**172 ____**	**173 ____**	**1:30 pm - 2:30 pm**	**241 ____**	**242 ____**	**243 ____**

For cancellations received in writing by August 26, 2024, a $75 administrative fee will be assessed and the balance will be remitted to the original form of payment. If only cancelling a preconference workshop, a $50 administrative fee will be assessed (if cancelled within 1 month of the event). No refunds will be made after August 26, 2024. Membership fee is non-refundable, non transferable. SUNA reserves the right to cancel programs because of emergencies, labor strikes, pandemic, Force Majeure, and insufficient registration or sponsorship.

3 Ways to Register

ONLINE
suna.org

FAX
856-218-0557

MAIL
SUNA Registration
Box 56
Pitman, NJ 08071-0056