



**Texas Association of Obstetricians and Gynecologists and Texas  
Section ACOG 81st Annual Combined Meeting**

**April 16-17-18, 2010**



First Name	Last Name
Address	City
State and Zip	Phone
Email	Fax

\_\_\_ Check if you require special assistance during the meeting (ie, transportation, aids for hearing or vision or dietary requests) Specify: \_\_\_\_\_

**PART A: REGISTRATION FEES:** (Please check and complete all appropriate information) Registration includes Continental Breakfast each morning, and refreshment breaks.

ACOG Membership number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ (if known)

- \_\_\_ ACOG /TAOG FELLOWS and JUNIOR FELLOWS IN PRACTICE \$ 200.00
- \_\_\_ ACOG/TAOG LIFE FELLOWS \$ 75.00
- \_\_\_ NON-MEMBERS \$ 300.00
- \_\_\_ NP/RNC/RN, Other Allied Health \$ 150.00
- \_\_\_ RESIDENT/JUNIOR FELLOW IN TRAINING/MEDICAL STUDENT \$ no charge
- \_\_\_ CHECK HERE TO ORDER A PAPER SYLLABUS \$ 15.00

**TOTAL REGISTRATION FEES: \$ \_\_\_\_\_**

**PART B: SOCIAL FUNCTIONS:** Please indicate number attending all events, even if there is no charge. Include fees below in summary blocks.

**Friday, April 16, 2010 (# ATTENDING) (FEE) (WRITE IN AMOUNT)**

- Golf Tournament X \_\_\_\_\_ \$80.00/person = total \$ \_\_\_\_\_
- Annual Banquet X \_\_\_\_\_ \$50.00/person = total \$ \_\_\_\_\_

**Saturday, April 17, 2010**

- Spouses Reception X \_\_\_\_\_ no charge
- TAOG Business Luncheon X \_\_\_\_\_ \$15.00 = total \$ \_\_\_\_\_

**Sunday, April 18, 2010**

- ACOG District XI Breakfast X \_\_\_\_\_ \$15.00 = total \$ \_\_\_\_\_

**TOTAL SOCIAL FUNCTIONS \$ \_\_\_\_\_**

**PART C: FINAL TOTAL AND PAYMENT**

Total fees should include all charges for registration, lunches, and for all social events.

**Pre-registration deadline:**

**FRIDAY, March 26, 2010**

**(\$25.00 late fee after 3/26)**

**Mail or fax completed registration form with appropriate form of payment to:**

**Karen O'Briant  
TAOG Executive Office  
141 Idlewild Creek Road  
Sweetwater, TX 79556  
FAX: 325-235-4687**

	TOTALS
REGISTRATION FEES: (PART A):	\$ _____
SOCIAL ACTIVITIES (PART B):	\$ _____
<b>TOTAL AMOUNT DUE:</b>	<b>\$ _____</b>

**CREDIT CARD INFO:**

VISA \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

Signature \_\_\_\_\_

**(Make Checks payable to: TAOG)**

For office use only: Date pd \_\_\_\_\_  
Rect sent \_\_\_\_\_ REG # \_\_\_\_\_ SY \_\_\_\_\_