



**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):	\$ _____
TOTAL AMOUNT DUE:	\$ _____

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 _____