



# Alabama Urology Network 2024 Conference Oct. 4-6, 2024 Perdido Beach Resort

## REGISTRATION FORM

Name \_\_\_\_\_ Designation  MD  DO  Other \_\_\_\_\_

Practice/Facility Name \_\_\_\_\_

Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Practice Manager \_\_\_\_\_ Practice Manager E-mail \_\_\_\_\_

Dietary Needs \_\_\_\_\_

I agree to my name, practice name and business address being shared with conference exhibitors.

### FEES

- Member \$300       Non-Member \$350       Advanced Practice Provider \$200  
 Resident/Fellow - Free       Student - Free

### REGISTRATION

Register online at [www.tinyurl.com/AUN2024Conference](http://www.tinyurl.com/AUN2024Conference) or send completed form to:  
AUN 2024 Conference | Attn. Meghan Martin | PO Box 1900 | Montgomery, AL 36102-1900

### ACCOMMODATIONS

**Perdido Beach Resort, 27200 Perdido Beach Blvd, Orange Beach, AL 36561**

Make hotel reservations by calling (800) 634-8001 with Booking ID #20631. The room block rates begin at \$245 per night and expire on Sept. 12.

### DETAILS

More conference information is online at [www.alabamaurologynetwork.com](http://www.alabamaurologynetwork.com). If you have special needs and/or need assistance, please contact Meghan Martin, at (334) 954-2500 or [MMartin@alamedical.org](mailto:MMartin@alamedical.org).

### PAYMENT

Check payable to AUN      Credit Card:  VISA       MasterCard       American Express

Cardholder Name \_\_\_\_\_ Email address for receipt: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State ZIP \_\_\_\_\_

Signature \_\_\_\_\_ Amount: \$ \_\_\_\_\_