

## REGISTRATION: UROLOGY SYMPOSIUM

February 26, 2011

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Name

Degree/Title

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Address

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City

State

Zip Code

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Phone

E-mail Address

**Registration Fee** - \$75 before February 17, 2011 - \$100 after February 17, 2011

Registration fee includes attendance at conference, breakfast, lunch and conference materials. Two easy ways to register and pay:

- 1) Online at **www.theouf.org** or,
- 2) Fill out this registration form and return it to the address below.

- My check, payable to the Oregon Urology Foundation is enclosed.
- Please charge my
- Mastercard or,
- Visa

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Name on Card

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Visa/MC Number    Expiration Date    CCV#

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**Billing Address (if different than above)**

Please mail registration form to: Oregon Urology Foundation  
2400 Hartman Lane, Suite 300  
Springfield, OR 97477  
Fax: 541-284-5509

**Accreditation:** This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the Joint Sponsorship of Sacred Heart Medical Center and the Oregon Urology Foundation. Sacred Heart Medical Center is accredited by the Oregon Medical Association to sponsor continuing medical education for physicians.

**Designated Credit Statement:** Sacred Heart Medical Center designates this live activity for a maximum of 5.25 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Each physician should claim only those credits that he/she actually spent in the educational activity.

**ADA Statement:** We encourage persons with disabilities to participate in CME activities. If you anticipate needing any type of accommodation or have questions about what physical access is provided, please contact the Oregon Urology Foundation at 541-284-5508.