

**Registration Type**

Non-Member US\$ 300  
IUGA Member US\$ 200  
Resident Student\* US\$ 100

\* To register for the special Resident Student fee, please submit this registration form with a recommendation letter from your OB/GYN department head, a copy of your student ID and a confirmation letter of study to regional@iuga.org. Once all required documents received the IUGA office will register you for the symposium.

Please select only 1 per session.

Workshops Session I 8:30 - 12:00 US\$ 50  
POP-Q: The Easy Way to Use and Understanding Surgical Prolapse Anatomy  
Surgical Anatomy and Landmark  
Pelvic Floor Rehab  
Understanding the Urodynamics  
Hit the international Publication: Simple & Practical Tips & Trick

Workshops Session II 13:30 - 17:00 US\$ 50  
Understanding Pelvic Floor Anatomy Through Pelvic Floor Imaging  
Perineal Repair Rupture 3rd-4th Degree  
Managing Complications of Incontinence and Prolapse Surgery  
Pelvic Floor Mesh: Materials and Tissue Engineering. Where are we now and where are we going?

**Delegate details**

Family name:

First name:

Middle name:

Title (Professor, Dr., Mr., Mrs.):

Female  
Male

E-mail:

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Specialty: (Urogynecologist / OB-GYN, etc) Mobile Telephone (including country/city codes): Telephone (including country/city codes):

Hospital/University Affiliation

IUGA membership number: (if applicable) Special Dietary or Other Needs:

**Payment Options:**

Please provide the following information COMPLETELY. All information is mandatory. Incomplete Registration Forms will not be processed.

Credit Card

Cash - On Site

Wire Transfer

Information to send payment via wire transfer will be sent by the IUGA Office

CREDIT CARD TYPE: (one must be selected)

Visa

Mastercard

American Express

CREDIT CARD NUMBER:

EXPIRATION DATE:

Security Code:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Day Month Year

3 digit code on signature strip of Visa or Mastercard (back) or 4 digit code on front of American Express

I hereby authorize IUGA (International Urogynecological Association) to debit this credit card with the registration

amount of \$ \_\_\_\_\_ and any subsequent charges (cancellation/handling/substitution fees)

for (delegate) \_\_\_\_\_, in view of his/her participation in the International Urogynecological Association (IUGA) Regional Symposia.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(SIGNATURE REQUIRED, DO NOT TYPE IN NAME)

All data provided in this Registration Form will be kept confidential and not disclosed to any third parties who are not directly involved in the organization of the Congress, nor will it be publicized in any other way. I hereby confirm that I have read and understand the registration terms as well as the cancellation/substitution policy, which I accept without any restrictions.