



American Gynecological & Obstetrical Society



AGOS 2017 ANNUAL MEETING The Drake Hotel Chicago September 15-16, 2017 REGISTRATION FORM

ATTENDEE INFORMATION: (PLEASE PRINT OR TYPE)

First Name:	Last Name:	
Badge Name:	Designation: <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other:	
Institution:		
Address:		
City:	State:	Zip:
Email:	Phone:	
Invited Guests Only: I am an invited guest of the following AGOS member:		

ON/Before Monday, Aug. 14 Registration Fee:

- Member **\$400**
- Invited Guest of Member **\$400**
- Spouse/Companion* **\$100**

After Monday, Aug. 14 Registration Fee:

- Member **\$450**
- Invited Guest of Member **\$450**
- Spouse/Companion* **\$100**

Spouse/Companion's Name: _____

Spouse/Companion's Email: _____

**The Spouse/Companion category is intended for spouses and companions of meeting attendees. This registration category allows the spouse/companion to partake in all AGOS Annual Meeting meal functions and social gatherings. This fee must be paid even if all functions are not attended.*

SPECIAL EVENTS: All listed social events are included in the AGOS registration fee. Number attending must match the number registered above.

Spouse & Companion Event: Friday, Sept. 15, 9:30 – 11:00 a.m. _____ number attending
This event will be a breakfast, along with a tour of the historical Drake Hotel. Details will be sent upon registering for this event.

President's Welcome Reception: Friday, Sept. 15, 5:30 p.m. – 7:00 p.m. _____ number attending

SPECIAL MEAL OR ASSISTANCE REQUIREMENTS:

- Please check here and specify (below) special assistance or vegetarian meal requirements.

Special Requests: _____

Total Registration \$ _____

Please indicate form of payment: VISA MasterCard American Express Check*

Card Number: _____ Expiration Date: _____

Signature: _____

*Make checks payable to the American Gynecological and Obstetrical Society and send with a copy of this registration form to:
AGOS Annual Meeting, 230 W. Monroe St., Suite #710, Chicago, IL 60606

RETURN THE COMPLETED FORM:

Fax: (312) 235-4059 Attn: Sohana Cantwell · E-Mail: sohana.cantwell@agosonline.org

Mail: AGOS Attn: Sohana Cantwell, 230 W. Monroe St #710, Chicago, IL 60606

CANCELLATION POLICY: All cancellation requests must be submitted in writing to agos@agosonline.org. Cancellations that are received on or before August 14, 2017 will receive a full refund, less a \$50.00 USD administrative fee. After August 14, 2017, refunds will be issued at the discretion of the AGOS Council.