# SOUTH ATLANTIC ASSOCIATION
# OF OBSTETRICIANS & GYNECOLOGISTS

Annual Meeting Registration Form

The Naples Grande Beach Resort, Naples, Florida

January 15-18, 2012

[ ] Active Member [ ] Senior Member [ ] Invited Guest

[ ] Associate Member [ ] Honorary Member [ ] Official Guest

Name: _____
(as you would like it to appear on your badge)

I am a guest of: _____

Spouse/Guest Name: _____
(as you would like it to appear on badge)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ ACOG #: _____

| **Registration Fees** | **# Attending** | **Charge** | **Total** |
|---|---|---|---|
| Member/ Invited guest | # | **$475.00 ea.** | |
| Spouse/Official guest | # | No Charge | -0- |
| **Functions** | | | |
| *Welcome Reception, Sunday, 1/15/12 | # | No Charge | -0- |
| *Presidential Luncheon, Tuesday, 1/17/12 | # | No Charge | -0- |
| *President's Reception & Dinner, Tuesday, 1/17/12 | # | **$ 65.00 ea.** | |
| | | | |
| | | **TOTAL DUE** | $ |

***PLEASE INDICATE THE NUMBER OF PERSONS ATTENDING ALL FUNCTIONS.**

**Please return this form by Monday, December 19, 2011.**

**Method of Payment circle one:** Check Master Card Visa AMEX

Name on Card _____

Card Number_____ Expiration Date _____

Signature _____

Please fax your registration to (904) 637-0937 with credit card information or make Check or Money Order payable to SAAOG and mail to:

**South Atlantic Association of Obstetricians & Gynecologists**
**165 Wells Road, Suite 203**
**Orange Park, Florida 32073**

**Note: If your institution is paying for your registration, please make sure your name appears on the draft.**

**For registration questions, please call the Association office (904) 637-0944.**