

2011 UOAA NATIONAL CONFERENCE

Registration

Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

I require special accommodations: ___ Yes ___ No _____

Please indicate special accommodations above.

I am a member of a UOAA Affiliated Support Group: ___ Yes ___ No

(Affiliated Support Group Name)

I have attended an UOAA National Conference in the past: ___ Yes ___ No

I have a: ___ Colostomy ___ Ileostomy ___ Urostomy ___ Continent Diversion

I am a Medical Professional _____

Please list the names of any spouse/companions or children attending: _____

Please indicate registration selections below:

Individual: _____ X \$90 = _____

After 6/15/11 the cost will be \$110 for an individual and \$70 for spouse/companion.

Spouse/Companion: _____ X \$50 = _____

Children 5 - 17: _____ X \$25 = _____

Children under 5: _____ X FREE

Thursday Banquet: _____ X \$45 = _____

Please choose your preference:

Prime Rib ___ Chicken ___ Salmon ___

Total = _____

Make check or money order payable to: UOAA or complete the credit card information below:

I hereby authorize UOAA to charge my credit card in the amount of \$ _____
as payment for registration for the 2011 National Conference.

Credit Card # _____ Exp Date: _____

____ VISA ___ MASTERCARD ___ DISCOVER ___ AMERICAN EXPRESS

Date: _____

(Cardholder Signature)

Mail completed registration form and payment to:

UOAA, PO Box 512, Northfield, MN 55057

Questions? Call the UOAA office at 1.800.826.0826 or email: oa@uoaa.org