

REGISTRATION FORM FOR 67th OB-GYN Assembly of Southern California

DATES: Friday and Saturday, April 13 and 14, 2012 **LOCATION:** Marriott Marina Del Rey, CA

TO REGISTER: If you have Internet you can register and pay by credit card on line at www.cmebyplaza.com

By Mail Complete this form and mail to:	By Fax
OB-GYN Assembly of Southern California c/o IVAN ZADOR PhD, 3241 Bloomfield Shores, West Bloomfield, MI 48323 Phone: 310-821- 8441 Email: izador@meetingpro.net	Complete this form and fax to: 1-248-671-0435 . Our fax line is open 24 hours, 7 days a week

Please Print

Salutation (circle one):	Dr. Mr. Mrs. Ms.	
First Name:	Family Name:	
Credentials: (i.e., MD, DO, RN, etc.)	Specialty:	
Preferred Mailing Address (1st line):		
Preferred Mailing Address (2nd line):		
City:	State:	Postal Code:
Phone:	E-mail:	

Fees (circle one): Registration includes access to the meeting and to the commercial exhibits, all coffee breaks, breakfasts and lunches on Friday and Saturday. Educational materials and the fee for your CME certificate are also included.

		Prior to March 9, 2012		After March 9, 2012	
		Regular Tuition	Retired, Nurses	Regular Tuition	Retired, Nurses
General Assembly Friday and Saturday		\$395	\$195	\$495	\$295
Friday Only	Saturday Only	\$250	\$150	\$300	\$200

\$ TOTAL DUE _____

Indicate payment method

- Payment is enclosed (make check payable to the PLAZA GROUP) and mail it to the address on the top of the form
- Payment is not enclosed but will follow once it is obtained.
- Please debit : VISA AX MasterCard

Credit Card Numbers

Name on Credit Card:															
Expiry date:				Month:				Year: 20				Security Code (3 or 4 digits)			

Cancellation Policy: Cancellations received in writing up to two weeks prior to the meeting will receive a refund, minus \$75 administration fee. There will be no refunds for cancellations received after that time.