



Androgen Excess & Polycystic Ovary Syndrome Society

8th ANNUAL MEETING

September 11-12, 2010

Kempinski Convention Center

Munich, Germany

REGISTRATION FORM

To secure your reservation, please print or type your information and mail or fax this completed form. As space is limited, advance registration is suggested.

Name: _____

Specialty: _____

Email: _____

Organization/Agency: _____

Address: _____

City/State: _____ Postal/Zip Code: _____

Country: _____ Phone: _____

REGISTRATION FEE

REGISTRATION FOR AE-PCOS MEMBERS IS EURO 200.00 (150.00 BEFORE JUNE 30, 2010)

NON MEMBERS PAY EURO 250.00 (200.00 BEFORE JUNE 30, 2010)

AE-PCOS Member

Non-member

Payment Amount: \$ _____ Credit Card Type: VISA MC AMEX Check/MO

Credit Card Number: _____ Expiration Date: (mm/yy): _____

Cardholder Name: _____

Please make checks payable to "Androgen Excess Society"

Email, mail, or fax this registration form and your check or credit card information to:

The Androgen Excess and PCOS Society

via delle Croci 47

1st floor, suite 10

90139 Palermo, Italy

Fax: +39-091-328997

E-mail: info@ae-society.org

Cancellation policy: Only written cancellation by fax or e-mail will be accepted. For cancellations until June 30, 2010, a 50% fee will be applied. No refund will be given after that date.

Registration is not transferable. The certificate will be issued to the name of the accredited participant.