

REGISTRATION FORM

AGA GI Practice Management Skills Workshop

October 16-17, 2004 ■ Las Vegas

Registration ends on Friday, September 17, 2004.

Registrant Information:

Last/Family Name

First/Given Name

Degree

Company/Affiliation

Address

City

State

Zip/Postal Code

Phone

Fax

E-mail

AGA ID# (if known)

Registration Fees:

\$175 AGA Member Physician

\$250 Nonmember Physician

\$275 AGA Physician with Practice Manager*

\$400 Nonmember Physician with Practice Manager*

\$

Total Fee

Name of practice manager (if applicable)

**Practice manager must be under the employ of registrant.*

Payment Information:

Check Enclosed (Make check payable to AGA)

Check Number: _____

Charge _____ to my:

Total Fee from above

MasterCard

VISA

American Express

Card Number

Expiration Date

Name of Cardholder (please print)

Signature of Cardholder

MAIL or FAX your completed registration form by September 17, with payment to:

AGA

P.O. Box 85080

Richmond, VA 23285-4126

FAX: 301-272-1774



AGA-Advancing the Science and Practice of Gastroenterology