



**The Hyospadias & Epispiadias Association, Inc.
2011 Conference Registration Form**

All information will be kept strictly confidential.

We'd appreciate your completing all of the items in **bold**. Other items are optional.

First Name	Last Name	
Email Address		
Snail Mail Address		
Address (cont'd)		
City	State/Province	Zip/Postal Code
Country	Phone Number	
Reason for Interest in HEA		

Are you a current HEA member? Yes, I've signed up within the last year
 No, I'm not a current member of HEA

Are you attending as an individual or as a couple or family? I'm coming as an individual
 I'm coming as a couple or family

If you're attending as a couple or family, please give names of other attendees and, if the attendee is a child, give child's age.		

Registration Fees (Please check one of the 13 boxes)				
	Early Registration (before October 1, 2011)		Registration (after September 30, 2011)	
	Member	Non-Member	Member	Non-Member
Three days	<input type="checkbox"/> Individual (\$125) <input type="checkbox"/> Family (\$155)	<input type="checkbox"/> Individual (\$150) <input type="checkbox"/> Family (\$180)	<input type="checkbox"/> Individual (\$150) <input type="checkbox"/> Family (\$180)	<input type="checkbox"/> Individual (\$175) <input type="checkbox"/> Family (\$205)
Two days	<input type="checkbox"/> Individual (\$75) <input type="checkbox"/> Family (\$105)	<input type="checkbox"/> Individual (\$100) <input type="checkbox"/> Family (\$130)	<input type="checkbox"/> Individual (\$100) <input type="checkbox"/> Family (\$130)	<input type="checkbox"/> Individual (\$125) <input type="checkbox"/> Family (\$155)
One day	<input type="checkbox"/> Individual (\$50)			

Please make your check out to HEA and mail it to the following address:
 HEA Treasurer, P.O. Box 475, Wauconda, IL 60084 USA

Thank you for registering! We'll be emailing you soon with more information.