



62ND ANNUAL MEETING REGISTRATION

JANUARY 18-20, 2023 • CARMEL, CA & ONLINE

THIS FORM DOES NOT RESERVE YOUR HOTEL ROOM

You may also complete this form and mail with your check to:
Katherine Hall, Johns Hopkins University, 600 N Wolfe St, Blalock 910, Baltimore, MD 21287

RSVP BY DECEMBER 1, 2022

PLEASE PRINT ALL INFORMATION.

The information will be used to prepare your meeting badge.

FIRST NAME _____ LAST/SUR NAME _____

ACADEMIC TITLE(S) _____

INSTITUTION _____

CELL PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME & CELL _____

MAILING ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

PLEASE CHECK ALL THAT APPLY.

The information will be used to confirm meeting and special functions attendance.

I will attend the AUC MEETING JAN 18-20, 2023.

I will attend the EMERITUS MEETING WEDNESDAY, JAN 18TH, 3-5 PM.

I will attend the RECEPTION WEDNESDAY, JAN 18TH, 6-8 PM.

I will attend the BLACK-TIE DINNER THURSDAY, JAN 19TH, 7-11 PM.

I WILL BRING A GUEST.

GUEST'S NAME: _____

MY GUEST will attend:

WED 1/20/2023 RECEPTION

THU 1/21/2023 CONTINENTAL BREAKFAST

THU 1/21/2023 PLATED LUNCH

THU 1/21/2023 BLACK-TIE DINNER

FRI 1/22/2023 CONTINENTAL BREAKFAST

PLEASE CHECK THIS BOX if you or your guess would prefer a VEGETARIAN MEAL for LUNCH AND DINNER ON JAN 20TH.

I HAVE MADE HOTEL RESERVATIONS.



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PAY ONLINE at [AUC 2023 Meeting Registration](https://www.aucard.org/meeting-registration-2023).
aucard.org and click on the tab for Meeting Registration.

Federal Tax ID #: 58-1620699

1. Go to <https://www.aucard.org/meeting-registration-2023> and complete the form. This will take you to the payment page.
2. Choose 1 of 4 options:

Member Only In-Person Registration	\$325
1 Member + 1 Guest In-Person Registration	\$425
Member Only Virtual Registration	\$225
Guest Add-On Registration	\$100

3. Click "Buy Now".
This will take you to PayPal. They merely service this for us. You do not have to have a PayPal account.
4. Click the gray box at the bottom that says "Pay with Debit or Credit Card" and enter your payment information.
IF PURCHASING ON BEHALF OF ATTENDEE: Please add the information of the attending member and guest, NOT administrative support or accounting personnel.

PAY VIA CARD by completing the below payment information.
(Purchase orders and wire transfers NOT accepted)

Federal Tax ID #: 58-1620699

MAKE CHECKS PAYABLE TO:
AUC or Association of University Cardiologists

Check: Personal Check Business/Institution Check Credit Card: Amex Mastercard Visa Discover

Credit Card # _____ Exp. ____/____ CVV _____

Signature _____ Cardholder Phone # _____

Date _____

*If paying by credit card us this form, you MUST sign and date in the above areas indicated.
By signing, you agree to authorize the Association of University Cardiologists, Inc. to charge the credit card information provided above for the entire amount owed as indicated on Page 1 of this form.*