



**NPPS 195th Scientific Conference**

Sept. 30-Oct. 1  
Semiahmoo Resort & Spa

**REGISTRATION** (please type or print clearly)

Full Name \_\_\_\_\_ Name for Badge \_\_\_\_\_  
 Group Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email (Required) \_\_\_\_\_

*My food preference is vegetarian*    *My food preference is vegan*    *My food preference is gluten free*

Conference registration fee includes attendee’s two-day conference tuition, e-syllabus, as well as all breakfasts and refreshment breaks. **Food and Beverage is intended for registered attendees only!**

	<u>Thru August 30</u>	<u>After August 30</u>	
<b><u>Conference Registration</u></b>			
<input type="checkbox"/> NPPS Member Physician	\$395	\$445	_____
<input type="checkbox"/> Non-Member Physician	\$495	\$545	_____
<input type="checkbox"/> Nurse	\$345	\$395	_____
<input type="checkbox"/> Physician Assistant	\$345	\$395	_____
<input type="checkbox"/> Retired Physician	\$270	\$320	_____
<input type="checkbox"/> First 2 year Practice	\$270	\$320	_____
<input type="checkbox"/> Resident/Student	\$0	\$0	_____

**I would like to support the NPPS Community Fund**

\$20    \$50    \$100    \$250    \$500   \_\_\_\_\_

**TOTAL ENCLOSED: U.S. FUNDS ONLY**   \_\_\_\_\_

**PAYMENT: Mail to NPPS, 2001 Sixth Avenue, Ste 2700, Seattle, WA 98121**

- Enclosed is my check made payable to: **NPPS**
- Credit Card Payments: Register online at [www.northpacificpediatricsociety.org](http://www.northpacificpediatricsociety.org)

**CANCELLATION POLICY:** We must receive written notification of your cancellation. A \$50 processing fee will be deducted from the registration refund. No refunds will be issued after Sept. 1, 2017.

**INQUIRIES:** Contact Darla White at the NPPS Office at 206-956-3642, or call toll free from Washington, 1-800-552-0612, ext. 3025, or send emails to [ddw@wsma.org](mailto:ddw@wsma.org).