



NPPS 193rd Scientific Conference

Sept. 24-25

Campbell's Resort, Lake Chelan

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 not intended for non registered attendees.**

<u>Conference Registration</u>	<u>Thru August 31</u>	<u>After Sept. 1</u>	
<input type="checkbox"/> NPPS Member Physician	\$395	\$445	_____
<input type="checkbox"/> Non-Member Physician	\$495	\$545	_____
<input type="checkbox"/> Nurses & Physician Assistants	\$345	\$395	_____
<input type="checkbox"/> Retired Physician/First 2 year Practice	\$270	\$320	_____
<input type="checkbox"/> Resident	\$0	\$0	_____

I will attend the Saturday Mellisoni Vineyard Tour & Wine Tasting (Sept. 24)

\$15 per Adult 21 and over (Includes 8 tastings and logoed wine glass)

Hors d'oeuvres included!

Children Welcome! No charge! # of Adults? _____

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

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, 2016.

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.