



NPPS 197th Scientific Conference
 September 22-23
 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 intended for registered attendees only!**

	<u>Thru August 30</u>	<u>Beginning Sept. 1</u>	
<u>Conference Registration</u>			
<input type="checkbox"/> NPPS Member Physician	\$425	\$475	_____
<input type="checkbox"/> Non-Member Physician	\$525	\$545	_____
<input type="checkbox"/> Nurse	\$395	\$420	_____
<input type="checkbox"/> Physician Assistant	\$395	\$420	_____
<input type="checkbox"/> Retired Physician	\$325	\$350	_____
<input type="checkbox"/> First 2 year Practice	\$325	\$350	_____
<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

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, 2018.

INQUIRIES: Contact Becky Constantine at the NPPS Office at 206-956-3635, or call toll free from Washington, 1-800-552-0612, ext. 3025, or send emails to becky@wsma.org.