



**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> |       |
|--|-----------------------|--------------------------|-------|
| <b><u>Conference Registration</u></b>          |                       |                          |       |
| <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](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, 2018.

**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).