

PNWSP 2012 Fall CONFERENCE

Sept. 22-23, The BC Cancer Agency Research Centre, Vancouver, BC

REGISTRATION FORM (please type or print clearly)

Full Name _____ Name for Badge _____

Group/Hospital _____

Address _____

City/State/Zip _____

Phone _____ Email _____

My food preference is vegetarian

Conference registration fee includes your tuition, syllabus, breakfast (Sat. & Sun.), breaks, and Saturday lunch.

Conference Registration	<u>Before July 1</u>	<u>After July 1</u>
<input type="checkbox"/> PNWSP Member	\$225	\$275
<input type="checkbox"/> Physician Non-Member	\$325	\$375
<input type="checkbox"/> Resident-Member	no charge (\$25 for no shows)	
<input type="checkbox"/> Resident-Non-Member*		\$75

*(includes PNWSP membership for 2012-2014)

TOTAL ENCLOSED: _____

Mail to: PNWSP
2033 SIXTH AVENUE, STE 1100
SEATTLE, WA 98121

- Enclosed is my check made payable to: PNWSP
 CREDIT CARD PAYMENT: (VISA OR MASTERCARD ONLY) MAIL OR FAX TO 206-441-5863

Print Name: _____

CC#: _____ Exp Date: _____

Billing Address & Zip code _____

Signature: _____

CANCELLATION POLICY: We must receive written notification of your cancellation. A \$50 processing fee will be deducted from the registration refund. No refunds after Sept. 1, 2012.

INQUIRES: Contact the PNWSP Office at 206-956-3642, or send an email to ddw@wsma.org