

**Joint PNSP/WSSP 2010 Spring CONFERENCE**  
*May 1 & 2, Fred Hutchinson Cancer Research Center, Seattle*

**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, breakfasts, breaks, and Saturday lunch.

**Conference Registration**

**After March 1**

PNSP/WSSP Member

\$325

Physician Non-Member

\$425

Resident-Member

no charge (*\$25 for no shows*)

Resident-Non-Member\*

\$75

*\*(includes PNSP membership for 2010-2012)*

**TOTAL ENCLOSED:** \_\_\_\_\_

**Mail to: PNSP/WSSP**

**2033 SIXTH AVENUE, STE 1100**

**SEATTLE, WA 98121**

Enclosed is my check made payable to: **PNSP/WSSP**

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 \$25 processing fee will be deducted from the registration refund. No refunds after April 15, 2010.

**INQUIRES:** Contact the PNSP/WSSP Office at 206-956-3642, or send an email to [ddw@wsma.org](mailto:ddw@wsma.org)