

**OPA/PNWSP 2012 Spring CONFERENCE**  
*May 19th-20th, Doernbecher Children's Hospital*  
*Joseph Vey Conference Center*  
**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.

	<u>Before April 1</u>	<u>After April 1</u>
<b><i>FULL Conference Registration</i></b>		
<input type="checkbox"/> OPA Member	\$125	\$175
<input type="checkbox"/> PNWSP Member	\$175	\$225
<input type="checkbox"/> Physician Non-Member	\$250	\$300
<b><i>Day 1 Only - Saturday 8-12pm</i></b>		
<input type="checkbox"/> OPA Member	No Charge	No Charge
<input type="checkbox"/> PNWSP Member	\$75	\$100
<input type="checkbox"/> Physician Non-Member	\$100	\$125
<b><i>Day 1, Saturday 1-4pm</i></b>		
<input type="checkbox"/> OPA Member /PNWSP Member	\$75	\$100
<input type="checkbox"/> Physician Non-Member	\$100	\$125
<b><i>Day 2, Sunday 8-12pm</i></b>		
<input type="checkbox"/> OPA Member /PNWSP Member	\$75	\$100
<input type="checkbox"/> Physician Non Member	\$100	\$125

**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 May 1, 2012 **INQUIRES:** Contact the PNWSP Office at 206-956-3642, or send an email to [ddw@wsma.org](mailto:ddw@wsma.org)