2014 PAS/ASPR JOINT MEETING

May 3 - May 6, 2014 • Vancouver

MEETING REGISTRATION FORM

Register Online:
www.pas-meeting.org
Fast, Secure, Immediate

NAME AND ADDRESS INFORMATION *(Reduce errors; please print legibly.)*

FIRST NAME | MIDDLE INITIAL

LAST NAME | DEGREE

DEPARTMENT (Leave blank if home address)

INSTITUTION / COMPANY (Leave blank if home address)

ADDRESS

ADDRESS

CITY | STATE/PROVINCE

ZIP / POSTAL CODE | COUNTRY

TELEPHONE (include country and city codes, as needed) | MOBILE PHONE (include country and city codes, as needed)

EMAIL:

SUBSPECIALTY / AREA OF INTEREST:

BADGE LISTING

BADGE NAME (Exactly as you want your badge to read; do not include degrees and honorifics)

CITY, STATE / PROVINCE, COUNTRY (if not USA); do not include departments or institutions

MEMBERSHIP STATUS

❑ **Trainee** (Program Director's Information needed for verification of trainee status)

Program Director's First & Last Name: | Email:

❑ **Member** *(Check all that apply)* *Qualifies for Member Registration Rates

- ❑ American Pediatric Society (APA)*
- ❑ American Academy of Pediatrics (AAP)*
- ❑ Academic Pediatric Society (APS)*
- ❑ American Society of Pediatric Nephrology (ASPN)*
- ❑ Asian Society for Pediatric Research (ASPR)*
- ❑ Pediatric Endocrine Society (PES)*
- ❑ Pediatric Infectious Diseases Society (PIDS)*
- ❑ Society for Pediatric Research (SPR)*

❑ **Guest** (not a member of any of the above; DO NOT select this box if eligible for the Trainee rate; Optional, check any that apply)

- ❑ Association of Pediatric Program Directors (APPD)
- ❑ International Pediatric Hypertension Association (IPHA)
- ❑ Society for Adolescent Health & Medicine (SAHM)
- ❑ International Society for Children's Health and the Environment (ISCHE)
- ❑ North American Society for Pediatric Gastroenterology, Hepatology & Nutrition (NASPGHN))
- ❑ Society for Developmental and Behavioral Pediatrics (SDBP)

❑ **Allied Health Professional** (Nondoctoral: RNs, NNP, Pharm.D, RRT, Lab Techs, etc.)

MEETINGS ATTENDING

Select the meetings you plan to attend: ❑ PAS ❑ APPD ❑ ASPN ❑ ASPR ❑ PES ❑ PIDS

WORKSHOP ATTENDING *(Advance registration required)*

- ❑ Core Curriculum Fellows' Series - Track 1
- ❑ Core Curriculum Fellows' Series - Track 2
- ❑ Core Curriculum Fellows' Series - Track 3

FAMILY ATTENDING

Number of family members attending: ☐

This registration form provides joint registration for the following:

American Society of Pediatric Nephrology (ASPN)
May 3-6, 2014

Pediatric Endocrine Society (PES)
May 2-5, 2014

Pediatric Infectious Diseases Society (PIDS)
May 3-6, 2014

IMPORTANT DATES

March 3, 2014
Early Bird Registration Deadline
Forms must be ***received***
by 11:59pm, CST
(fees increase after this date)

April 1, 2014
Late Advance Registration Deadline

April 2-17, 2014
Pre On-site Meeting Registration
(Online-processed at onsite fees)

April 4, 2014
Housing Reservation Deadline
(for special rates)

April 17, 2014
No refunds issued after this date

Badges and Program Guides will ***NOT*** be mailed in advance of the meeting.

PAS Office Use Only

Received:

Processed _____

Reg No._____

PAS Program Office • 3400 Research Forest Dr., Ste B-7 • The Woodlands, TX 77381
Phone: 281-419-0052 • Facsimile: 281-419-0082 • Email: info@pas-meeting.org

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Registrant Last Name: Please Print

DEMOGRAPHICS/BACKGROUND INFORMATION

A. What most closely describes your primary job-related activity?
(Check all that apply)

Research
- ❑ Bench or Laboratory
- ❑ Clinical
- ❑ Health Services

Teaching/Medical Education
- ❑ Students
- ❑ House Staff
- ❑ Fellows

Clinical Practice
- ❑ Subspecialty
- ❑ Primary Care/Gen'l Pediatrics
- ❑ Private Practice

Adminstration
- ❑ Dean, Dept Chair
- ❑ Division Chief
- ❑ Program Director (Residency/Fellowship/Research)

Other
- ❑ Other, please describe _____

B. What PAS meetings have you previously attended?
❑ All ❑ 2013 ❑ 2012 ❑ 2011 ❑ 2010 ❑ None

C. Are you:
- ❑ Faculty/Rank:
  - ❑ Professor
  - ❑ Assistant Professor
  - ❑ Associate Professor
  - ❑ Emeritus Professor
  - ❑ Adjunct Professor
  - ❑ Instructor
  - ❑ Lecturer
  - ❑ Other: _____
- ❑ Fellow–Year: ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th ❑ 5th ❑ 6th
- ❑ Resident–Year: ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th Chief
- ❑ Medical Student–Year: ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th ❑ 5th
- ❑ PhD Student–Degree area: _____
- ❑ Undergraduate Student–Year: ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th
- ❑ Allied Health Professional
- ❑ Private Practitioner
- ❑ Other: _____

D. Affiliation:
- ❑ Government
- ❑ Industry
- ❑ NIH
- ❑ Non-Profit
- ❑ University
- ❑ Other, please specify _____

EMERGENCY CONTACT INFORMATION *(optional, but encouraged)*

Emergency Contact Name: _____

Emergency Contact Cell Phone: _____

PROGRAM INFORMATION PREFERENCE

In our continued efforts to go "green", PAS will offer electronic copies of the meeting program in addition to providing a meeting app that contains all the programm information. Please check below if you would like to receive a printed program onsite.

❑ Yes, I would like to receive a printed program onsite.

HOUSING PREFERENCE

The Pediatric Academic Societies have negotiated special reduced rates with selected hotels for reservations secured before April 5, 2014.
To make a hotel reservation, contact the PAS official housing bureau online at http://registration3.experientevent.com/showpas141/default.aspx. (Confirmation through the housing bureau makes you eligible for entry into a raffle drawing for a free PAS Hotel accommodation during your meeting stay.)
Please indicate your housing preference.

- ❑ Reserved Room through Housing Bureau
- ❑ Local, Hotel Not Required
- ❑ Single Day Attendee, Hotel Not Required
- ❑ Sharing a Room
- ❑ Staying with Friends
- ❑ Other *(please specify)*

REGISTRATION AND PAYMENT INFORMATION

CANCELLATION POLICY:
A 20% administrative processing fee is withheld from all cancellations and duplicate registrations.

Register Early & Save!

	EARLY BIRD (to 3/3)	LATE ADVANCE (3/4-4/1)	ON SITE (after 4/1)	
❑ Member	$505	$555	$605	
❑ Guest	$605	$655	$705	
❑ Emeritus (65 and over)	$275	$275	$275	
❑ Allied Health Professionals	$465	$515	$565	
❑ Trainee	$100	$100	$100	$_____
❑ Core Curriculum Fellows' Series ❑ Track 1 ❑ Track 2 ❑ Track 3	$100	$100	$100	$_____

❑ Family Registration - $40 x 1 family member(s) (over age16) $_____
List Family Name(s) - First & Last
_____
_____

Total Registration Fee Due: **$_____**

❑ Check #:_____
US Funds only; Payable to: **Pediatric Academic Societies**

Credit Card: ❑ AmericanExpress ❑ MasterCard ❑ VISA

Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder Name: _____

Cardholder Signature: _____

Cardholder Phone: _____

Your signature authorizes us to charge your credit card for the total amount due. PAS reserves the right to charge the correct amount if different from the total listed.

Fax: with credit card payment to: 281-419-0082 ***(do not then mail)***
Mail: with credit card or check payment to:

PAS Program Office
3400 Research Forest Dr., Ste B7, The Woodlands, TX 77381