North American Society for Psychosocial Obstetrics & Gynecology
NASPOG
www.naspog.org

ANNUAL MEETING – APRIL 20-22, 2018
University of Pennsylvania – Philadelphia, Pennsylvania
REGISTRATION FORM - *Please type or print clearly*

First Name **Last Name** **Degree/Suffix (MD, PhD)** **Nick Name for Badge**

☐ Psychiatrist ☐ OB/GYN ☐ Other MD_____ ☐ Psychologist

☐ Midwife ☐ Nurse ☐ Social Worker ☐ Other_____

Company/Organization/Institution

Address

City **State or Province** **Zip or Postal Code** **Country**

Office Phone **Cell Phone** **Email Address**

Emergency Contact Name **Emergency Contact Phone**

☐ Special meeting needs due to disability (Please describe)_____

MEETING REGISTRATION FEES

Cancellation Policies and Deadline - Only written cancellations received **before March 1, 2018** can be refunded.

FULL REGISTRATION – *includes access to all sessions, poster session, CME, Reception, 2 Luncheons, refreshment breaks. Fundraiser Dinner ticket additional.*

	Received By 2/22	*Received 2/23-4/16*	*On-Site*	
☐ NASPOG Member	$595	$695	$750	$_____
☐ Non-Member	$745	$845	$900	$_____
☐ Student/In-Training NASPOG Member	$195	$265	$300	$_____
☐ Student/In-Training Non-Member	$245	$315	$350	$_____

ONE DAY - ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY – *includes sessions, CME & events for day registered only .*

☐ NASPOG Member	$300 per day	$350 per day	$375 per day	$_____
☐ Non-Member	$375 per day	$425 per day	$450 per day	$_____

NASPOG FUNDRAISER PRIVATE TOUR & DINNER TICKET

Private Tour & Dinner *(additional to registration fee)*	$250 ea.	$_____
I can't attend but I wish to support NASPOG	$250 ea.	$_____
Student Discount *(additional to registration fee)*	$125 ea.	$_____

I AM PLANNING TO ATTEND - *please check to let us know so that we can plan accordingly*

☐ Poster Reception ☐ Friday Luncheon ☐ Saturday Luncheon

MEMBERSHIP ☐ **Renew My Membership** ☐ **I Want to Join NASPOG -** ***JOIN NOW AND SAVE ON YOUR REGISTRATION FEE!***

☐ Physicians, PhDs, Practicing Clinicians - $150 ☐ Resident, Medical, or Graduate Students - $50 $_____

Total Payment Due (U.S. Dollars) $_____

Payment Method ☐ Check or money order payable in US dollars to **NASPOG** ☐ Visa ☐ MasterCard ☐ American Express

Card Number_____ Expiration Date_____ Security Code:_____

Name as it appears on card_____

Card Billing Address *if different than above*_____

Signature_____

Mail, Fax or email completed form - with payment to:

NASPOG, 8213 Lakenheath Way, Potomac, MD 20854 / FAX: 301-983-6288 / info@naspog.org

Registrations will not be processed or confirmed without payment.