Society of Pediatric Pathology
8156 S. Wadsworth Blvd, Unit E #177
Littleton, CO 80128
Phone: (720) 625-8271
Email spp@aoeconsulting.com
Website www.spponline.org

2021 Virtual Fall Meeting
Registration Form

Registrant Information: Please provide your most up-to-date contact information.

Full Name (as it will appear on badge):	Click or tap here to enter text.		
Degree:	☐MD ☐DO ☐PhD ☐Other: Click or tap here to enter text.		
Company/Organization:	Click or tap here to enter text.		
Address 1:	Click or tap here to enter text.		
Address 2:	Click or tap here to enter text.		
City:	Click or tap here to enter text.		
US State/ Canadian Province:	Click or tap here to enter text.	State/Province/Region (Non US/Canada):	Click or tap here to enter text.
Postal Code:	Click or tap here to enter text.	Country:	Click or tap here to enter text.
Phone:	Click or tap here to enter text.		
Fax:	Click or tap here to enter text.		
E-mail:	Click or tap here to enter text.		
By completing the information here, if you are an American Board of Pathology Diplomate, you give the Society for Pediatric Pathology permission to report activity completion information to the Accreditation Council for Continuing Medical Education (ACCME) and the American Board of Pathology.	Are you an American Board of Pathology (ABPath) Diplomate: ☐Yes ☐No ABPath Diplomate ID: Click or tap here to enter text. Birth Month and Date (Format: MM/DD): Click or tap here to enter text.		
Please indicate if you'd like your name/contact information included or excluded from the attendee list. *Selection of "please include me" is specific consent to have your name/contact information included in the attendee list which will be shared with both registered attendees and ineligible companies registered for the conference as exhibitors.	☐Please include me. ☐Please exclude me.		

Registration Selection Options:

Please select the appropriate registration, per your attendee type:

Attendee Type:	**Registration Fees:**
SPP Member	$350.00
Non-Member	$450.00
Trainee	$100.00

☐ SPP Member: Conference Registration ($350 member)

☐ Non-Member: Conference Registration ($450 non-member)

☐ Trainee Conference Registration ($100 trainee)

Please complete the section below in order to determine your total payment.

Registration Fee (confirm correct amount based on attendee type in Registration Fee table above):	$Click or tap here to enter text.
Additional $50.00 for foreign checks (checks not drawn form a US bank with a routing number) and Electronic Funds Transfer (EFT), if applicable	$Click or tap here to enter text.
Grand Total:	**$**Click or tap here to enter text.

If paying by check, please make checks payable to: Society for Pediatric Pathologists. Mail this form and your payment to:

Society for Pediatric Pathologists
Re: Fall Meeting
8156 S. Wadsworth Blvd, Unit E #177
Littleton, CO 80128

Note: For foreign checks (checks not drawn from a US bank with a routing number) and Electronic Funds Transfer (EFT), an additional $50 must be added to the payment to cover any bank fees. Contact spp@aoeconsulting.com for more information.