

Pediatric Academic Societies Meeting

May 5 – 8, 2018 | Toronto Canada

ATTENDEE REGISTRATION

*Required Information

*Email: _____

*First Name: _____

*Last Name: _____

*Address: _____

*City: _____

*Organization: _____

*Phone Number: _____

Twitter Handle (i.e. @PAS2018): _____

*Emergency Contact: _____

*Emergency Phone: _____

Family Tickets? ($50 per each family member ≥ 17yrs of age) # Of Tickets: _____

Provide Names below

Full Name: _____

Full Name: _____

Full Name: _____

Attendees First & Last Name: _____

RATES	Early Discount Until Feb 22, 2018	Advance Discount Until Apr 2, 2018	Standard After Apr 3, 2018
☐ Standard	$700	$750	$800
PAS Memberships – Check all that apply ☐ APS ☐ SPR ☐ APA ☐ AAP Fellow ☐ PIDS ☐ PES ☐ ASPN *Your Society specifies your membership status to PAS. You are charged the Member rate, if you are specified as a Member of APS, APA, ASPN, PES, PIDS, SPR or as an AAP Fellow. Members of all other societies are charged the Standard rate.*	$600	$650	$700
☐ Trainee (students, residents, fellows-in-training)	$175	$175	$175
☐ Allied Health Professionals (Non-doctoral: RN, NNP, PharmD, RRT, Lab Techs)	$560	$610	$660
☐ Emeritus (age 65 and over)	$370	$420	$470

Your Subspecialty: _____

Are you signing up for a Fellows Core Curriculum Workshop on May 4? [additional $100]

☐ Track I ☐ Track II ☐ Track III

RSVP for Complimentary PAS-sponsored:

Welcome Coffee Sat., May 5, 10-10:30am	Yes ☐	No ☐	Maybe ☐
Opening Session Luncheon Sat., May 5, 12-1pm	Yes ☐	No ☐	Maybe ☐

CANCELLATION POLICY: *A 20% administrative processing fee is withheld from registration cancellations requested on or before Apr 19, 2018. We regret refunds cannot be issued for requests received after Apr 19, 2018*

By Registering, I affirm that I've read and agree with all statements regarding ADA, PAS Code of Conduct, recording of sessions, right to use likeness or name.

You will be contacted regarding any membership discrepancies that could cause additional charges.

Registration $_____

Core Curriculum Workshop $100 $_____

# of Family Members _____ x $50 $_____

TOTAL REGISTRATION FEE DUE $_____

PAYMENT BY CHECK US Funds only; Payable to: **Pediatric Academic Societies**

Check # _____

MAIL REGISTRATION FORM AND CHECK TO:

Pediatric Academic Societies • 9303 New Trails Dr., Suite 350 • The Woodlands, TX 77381

Phone: 346-980-9717 • Fax: 346-980-9717 • Email: info@PASMEETING.org