



NPPS 194th Scientific Conference

April 29-30

RiverPlace Hotel, Portland OR

REGISTRATION (please type or print clearly)

Full Name _____ Name for Badge _____

Group Name _____

Billing Address _____

City/State/Zip _____

Phone _____ Email (Required) _____

☐ *My food preference is vegetarian* ☐ *My food preference is vegan* ☐ *My food preference is gluten free*

Conference registration fee includes attendee's two-day conference tuition, e-syllabus, as well as all breakfasts and refreshment breaks. **Food and Beverage is not intended for non registered attendees.**

Conference Registration

	<u>Thru May 31st</u>	<u>After May 31st</u>	
☐ NPPS Member Physician	\$395	\$445	_____
☐ Non-Member Physician	\$495	\$545	_____
☐ Nurses & Physician Assistants	\$345	\$395	_____
☐ Retired Physician/First 2 year Practice	\$270	\$320	_____
☐ Resident	\$0	\$0	_____

I would like to support the NPPS Community Fund

☐ \$20 ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 _____

TOTAL ENCLOSED: U.S. FUNDS ONLY _____

PAYMENT: Mail to NPPS, 2001 Sixth Avenue, Ste 2700, Seattle, WA 98121

☐ Enclosed is my check made payable to: **NPPS**

☐ Credit Card Payments: Register online at www.northpacificpediatricsociety.org

CANCELLATION POLICY: We must receive written notification of your cancellation. A \$50 processing fee will be deducted from the registration refund. No refunds will be issued after April 1, 2017.

INQUIRIES: Contact Darla White at the NPPS Office at 206-956-3642, or call toll free from Washington, 1-800-552-0612, ext. 3025, or send emails to ddw@wsma.org.