



**NPPS 191st Scientific Conference**

August 7-9, 2015

Skamania Lodge, Stevenson, WA

**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 three-day conference tuition, e-syllabus, as well as all breakfasts and refreshment breaks. The social activities are included for the attendee. Children (under 5) are Free, 5-12 years are \$15 each and spouse/guest/children over 12 tickets are \$50 each. (Fees cover Thurs. &/or Sat. night only).

	<u>Postmarked Before July 1</u>	<u>Postmarked After July 1</u>	
<b><u>Conference Registration</u></b>			
<input type="checkbox"/> NPPS Member Physician	\$475	\$525	_____
<input type="checkbox"/> Non-Member Physician	\$575	\$625	_____
<input type="checkbox"/> Nurses & Physician Assistants	\$375	\$425	_____
<input type="checkbox"/> Retired Physician/First 2 year Practice	\$300	\$350	_____
<input type="checkbox"/> Resident	\$0	\$0	_____

**Social Activity Registration includes the Friday Night Ice Cream Social and/or Sat. Dinner Only**

<input type="checkbox"/> Spouse/Guest/Children over 12/How Many ___ @	<b>\$50</b>	<b>total amount</b>	_____
<input type="checkbox"/> Children 5-12 years/How Many ___ @	<b>\$15</b>	<b>total amount</b>	_____
<input type="checkbox"/> Children under 5/How Many ___ @	<b>FREE</b>		

**I will attend the Friday Night Social (Aug 7)**

- Yes     No  
 Children (5-12) How Many? \_\_\_\_\_  
 Spouse/Guest/Children over 12/How Many? \_\_\_\_\_

**I will attend the Saturday (Aug 8) Night Dinner**

- Yes     No  
 Children (5-12) How Many? \_\_\_\_\_  
 Spouse/Guest/Children over 12/How Many? \_\_\_\_\_

**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 Payment: (**Visa or MasterCard Only**) Mail to address above or **Fax to 206-441-5863**

Print Name: \_\_\_\_\_

CC#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**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 July 1, 2015.

**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.