



2015 Fall CONFERENCE September 26-27
Marriott Vancouver Downtown, 1128 West Hastings, Vancouver BC

REGISTRATION FORM (please type or print clearly)

Full Name _____ Name for Badge _____
Group/Hospital _____
Address _____
City/State/Zip _____
Phone _____ Email _____

- My food preference is Vegetarian
My food preference is Vegan
My food preference is Gluten Free

Conference registration fee includes your tuition, e-syllabus, breakfast (Sat. & Sun.), and Saturday lunch.

Table with 3 columns: Conference Registration, Early Bird, AFTER August 1. Rows include various membership types and their respective fees.

TOTAL ENCLOSED: _____

Mail to: PNWSP
2001 SIXTH AVENUE, STE 2700
SEATTLE, WA 98121

- Enclosed is my check made payable to: PNWSP
CREDIT CARD PAYMENT: (VISA OR MASTERCARD ONLY) MAIL OR FAX TO 206-441-5863

Print Name: _____
CC#: _____ Exp Date: _____
Billing Address & Zip code _____
Signature: _____

CANCELLATION POLICY: We must receive written notification of your cancellation. A \$50 processing fee will be deducted from the registration refund. No refunds after September 1, 2015.
INQUIRES: Contact the PNWSP Office at 206-956-3642, or send an email to ddw@wsma.org