



2018 Spring CONFERENCE April 14-15  
RiverPlace Hotel, Portland OR

**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.

**Conference Registration**

- PNWSP Member
- Physician Non-Member
- Pathology Assistant
- Cytotechnologists
- Resident-Member
- Resident-Non-Member\*

\*(covers PNWSP membership for 2018-2020)

**Registration Fee**

- \$395
- \$495
- \$225
- \$225
- no charge (\$25 for no shows)
- \$75

**TOTAL ENCLOSED:** \_\_\_\_\_

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

- Enclosed is my check made payable to: **PNWSP**
- CREDIT CARD PAYMENT: YOU MUST REGISTER ONLINE AT [WWW.PNWSP.ORG](http://WWW.PNWSP.ORG) TO PAY WITH A CREDIT CARD

**CANCELLATION POLICY:** We must receive written notification of your cancellation. A \$75 processing fee will be deducted from the registration refund. No refunds after April 1, 2017.

**INQUIRES:** Contact the PNWSP Office at 206-956-3642, or send an email to [ddw@wsma.org](mailto:ddw@wsma.org)