



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

- \$325
- \$425
- \$150
- \$150
- 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 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, 2018.

INQUIRES: Contact the PNWSP Office at 206-956-3642, or send an email to ddw@wsma.org