



PNWSP/WSSP 2017 Joint Meeting
Oct. 21- 22
Fred Hutchinson Cancer Research Center, Seattle

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 (both days) and lunch on Saturday.

Conference Registration

- PNWSP/WSSP Member
- Physician Non-Member
- Pathology Assistant
- Cytotechnologists
- Resident-Member
- Resident-Non-Member*

**(includes PNWSP membership for 2017-2019)*

TOTAL ENCLOSED:

Early Bird

Onsite

| | |
|-------|-----------|
| \$375 | \$425 |
| \$475 | \$525 |
| \$225 | \$325 |
| \$175 | \$275 |
| | no charge |
| | \$75 |

Enclosed is my check made payable to: **PNWSP**

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

Credit Card payments: Please register online at www.pnwsp.org or www.wsspath.org.

CANCELLATION POLICY: We must receive written notification of your cancellation. A \$50 processing fee will be deducted from the registration refund.

No refunds after October 1, 2017. INQUIRES: Contact the PNWSP Office at 206-956-3642, or send an email to ddw@wsma.org