



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*

<u>Early Bird</u>	<u>Onsite</u>
\$375	\$425
\$475	\$525
\$225	\$325
\$175	\$275
	no charge
	\$75

*(includes PNWSP membership for 2017-2019)

TOTAL ENCLOSED:

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