



ADVANCE MEETING REGISTRATION FORM

PAS ❖ ASPN ❖ LWPES

2002 PEDIATRIC ACADEMIC SOCIETIES' ANNUAL MEETING

**Baltimore Convention Center
Baltimore, Maryland
May 4-7**

*Provides joint registration for
the 2002 PAS Annual Meeting
and meetings of the*

American Society of
Pediatric Nephrology (ASPN)
May 4-6, 2002

Lawson Wilkins Pediatric
Endocrine Society (LWPES)
May 4-6, 2002

*All others refer to alliance pages for
separate registration information*

IMPORTANT INFORMATION

- ❖ Register by March 8th and save!
- ❖ Registration online saves time and provides immediate confirmation.
- ❖ CME certificate or abstract journal fees are not included in the registration fee and are optional purchases.
- ❖ Confirmation of registration by fax or mail is sent within 2 weeks of receipt.
- ❖ Avoid a duplicate registration fee (20%). If you think you are already registered, contact us at info@pas-meeting.org.
- ❖ A 20% administrative processing fee is withheld from all cancellations or duplicate registrations.
- ❖ No refunds after April 19, 2002.
- ❖ Advance registrants will receive their badge and program materials by April 22, 2002.

REGISTER EARLY and SAVE!

Early Bird Registration Deadline: March 8, 2002

Late Advance Deadline: April 1, 2002

REGISTER BY ONE OF THE FOLLOWING METHODS:

INTERNET: <http://www.pas-meeting.org>

**PREFERRED
METHOD**

FACSIMILE: 281-419-0082 (if you fax your form, DO NOT mail it also)

MAIL: PAS Meeting Registration, 3400 Research Forest Drive, Ste B-7, The Woodlands, TX 77381

To avoid a duplicate registration fee (20%), contact us at info@pas-meeting.org if you think you may already be registered.

Registration forms received after the close of business on April 1, 2002, will be returned, and individuals will be required to register on site and pay on-site fees.

Complete all sections of the **2-page form**.

1. NAME AND ADDRESS INFORMATION

(To reduce errors, please print legibly)

FIRST NAME/GIVEN NAME

MIDDLE INITIAL

LAST NAME/FAMILY NAME

DEGREE

DEPARTMENT (Leave blank if home address)

INSTITUTION/COMPANY (Leave blank if home address)

ADDRESS

ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

TELEPHONE (INCLUDE COUNTRY AND CITY CODES, AS NEEDED)

FACSIMILE (INCLUDE COUNTRY AND CITY CODES, AS NEEDED)

EMAIL:

2. MEETING ATTENDANCE AND BADGE LISTING

A. Select the meetings you plan to attend:

PAS

ASPN

LWPES

B. Membership status (check all that apply):

American Pediatric Society

American Society of Pediatric Nephrology

Society for Pediatric Research

Lawson Wilkins Pediatric Endocrine Society

Ambulatory Pediatric Association

American Academy of Pediatrics (Guest)

Guest (not a member of

Trainee

APS, SPR, APA, ASPN, LWPES)

Allied Health Professional

C. Badge Name and Affiliation

BADGE NAME (Exactly as you want your badge to read; do not include degrees and honorifics)

CITY, STATE/PROVINCE, COUNTRY only

MESSAGE CENTER PASSWORD (maximum 8 characters and numbers):



If you require special assistance, please contact the PAS Office at 281-419-0052.

COMPLETE SECOND PAGE

Registrant Last Name (please print): _____

3. DEMOGRAPHICS/BACKGROUND INFORMATION

A. MEETING ATTENDANCE—DO YOU PLAN ON ATTENDING ANY OF THE FOLLOWING MEETINGS WHICH MEET IN CONJUNCTION WITH THE PAS?*

- American Society of Pediatric Hematology/Oncology
- Association of Pediatric Program Directors
- Pediatric Infectious Diseases Society
- Society for Developmental Pediatrics

*The collection of data here is for statistical purposes only. A separate registration fee may be required to attend meetings held by any of the societies listed above.

B. WHAT MOST CLOSELY DESCRIBES YOUR INVOLVEMENT IN PEDIATRICS?:
(check all that apply)

- Bench Research Clinical Research
- Teaching Private Practitioner
- Other: _____

C. ARE YOU:

- Faculty—Rank: ___ Professor
 ___ Assistant Professor
 ___ Associate Professor
Other: _____
- Fellow—Year: 1st 2nd 3rd 4th 5th 6th
- Resident—Year: 1st 2nd 3rd Chief
- Medical Student—Year: 1st 2nd 3rd 4th
- Allied Health Professional
- Other: _____

D. WHAT PAS MEETINGS HAVE YOU PREVIOUSLY ATTENDED?

- 2001 2000 1999 All from 1999 to 2001

E. SUBSPECIALTY/AREA OF INTEREST:

4. TICKETED EVENTS (Educational Seminars and Workshops)

- ♦ Attendance is limited—First Come, First Served (There is no additional fee!)
- ♦ Early registration is strongly encouraged, but does not guarantee admittance.
- ♦ Confirmation of assignments will be mailed by April 6, 2002.

List choices by session number (example: ES03, 4107)

	SATURDAY		SUNDAY		MONDAY MORNING	TUESDAY MORNING
	MORNING	AFTERNOON	MORNING	AFTERNOON		
FIRST CHOICE						
SECOND CHOICE						
THIRD CHOICE						

Ticket

CANCELLATION POLICY

A 20% administrative processing fee is withheld from **all** cancellations and duplicate registrations. No refunds will be issued after April 19, 2002.

5. REGISTRATION AND PAYMENT INFORMATION

	Register Early & Save!	Discounted before March 8	Late Advance March 9–April 1	
Members and Guests		\$270	\$305	
Emeritus (Age 65 and older)		\$115	\$115	
*Trainees: Students, Residents, Fellows in Training <i>*Letter of Status from Department must accompany this form</i>		\$75	\$75	\$ _____
Allied Health Professional—Non-Doctoral		\$195	\$230	
Continuing Medical Education Certificate			\$50	\$ _____
Abstracts—Pediatric Research Supplement <i>Pediatric Research subscribers and APA member registrants will automatically receive this publication. Pre-purchased journals are available for pick-up at the meeting registration desk.</i>			\$75	\$ _____
Family Registration (over age 16)			\$35	ONSITE PURCHASE ONLY
Total Registration Fee Due:				\$ _____

PAYMENT—Payment MUST be enclosed – No. P.O.s

- Check (US Funds only) made payable to Pediatric Academic Societies
Check #: _____
- Credit Card: American Express MasterCard VISA
Print Cardholder's Name: _____
Card Number: _____ Expiration Date: _____
Signature: _____

IMPORTANT DATES & REMINDERS

March 8, 2002
Early Bird Registration Deadline
Forms must be received by the close of the business day (fees increase after this date)

April 1, 2002
Late Advance Registration Deadline
(Registration on site at higher fees required after this date)

April 3, 2002
Housing Reservation Deadline
(for special rates)

April 19, 2002
No refunds will be issued after this date

April 22, 2002
Registration materials received by those who pre-registered by April 1, 2002

Administrative Use Only

Received _____
Processed _____
Member Check _____
CC Batch _____