

Early Bird Registration Deadline:
March 7, 2003

Late Advance Deadline:
April 1, 2003

After April 1: Register onsite!

Provides joint registration for the 2003 PAS Annual Meeting and meetings of the

American Society of Pediatric Nephrology (ASPN) May 3-5, 2003

Lawson Wilkins Pediatric Endocrine Society (LWPES) May 3-6, 2003


All others refer to alliance pages for separate registration information


REGISTER ONLINE
Receive Immediate Confirmation!



www.pas-meeting.org
on the internet

Alternative Methods:

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

 **MAIL:**
PAS Registration
Suite B-7
3400 Research Forest Dr
The Woodlands, TX 77381

Registration forms received after the close of business on April 1, 2003, will be returned, and individuals will be required to register on site and pay on-site fees.

IMPORTANT INFORMATION

❖ Register by March 7th 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.
- ❖ A 20% administrative processing fee is withheld from all cancellations or duplicate registrations.
- ❖ No refunds after April 18, 2003.
- ❖ Advance registrants receive badge and program materials by April 21, 2003.



If you require special assistance, please contact the PAS Program Office at info@pas-meeting.org or 281-419-0052.

1. NAME AND ADDRESS INFORMATION

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															
SUBSPECIALTY/AREA OF INTEREST:															

2. BADGE LISTING

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

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CITY, STATE/PROVINCE, COUNTRY (if not USA); do not include departments or institutions

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3. MEMBERSHIP STATUS

A. Member category:

- Member**—Check all that apply:
- | | |
|---|---|
| <input type="checkbox"/> American Pediatric Society | <input type="checkbox"/> American Society of Pediatric Nephrology |
| <input type="checkbox"/> Society for Pediatric Research | <input type="checkbox"/> Lawson Wilkins Pediatric Endocrine Society |
| <input type="checkbox"/> Ambulatory Pediatric Association | |
- Guest** (not a member of any of the above)
- Trainee**
- Allied Health Professional**

B. Select the meetings you plan to attend: PAS ASPN LWPES

4. MESSAGE CENTER PASSWORD

Enter the password of your choice
(max of 8 characters/numbers):

5. DEMOGRAPHICS/BACKGROUND INFORMATION

A. ALLIANCE MEMBERSHIP AND MEETING ATTENDANCE—ARE YOU A MEMBER OR DO YOU PLAN TO ATTEND ANY OF THE ALLIANCE MEETINGS THAT MEET IN CONJUNCTION WITH THE PAS?

	Member	Attending Meeting*	None
American Academy of Pediatrics	<input type="checkbox"/>	NA	<input type="checkbox"/>
American Society of Pediatric Hematology/Oncology	<input type="checkbox"/>	<input type="checkbox"/>	
Association of Pediatric Program Directors	<input type="checkbox"/>	<input type="checkbox"/>	
North American Society for Pediatric Gastroenterology, Hepatology & Nutrition	<input type="checkbox"/>	NA	
Pediatric Infectious Diseases Society	<input type="checkbox"/>	<input type="checkbox"/>	
Society for Developmental Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	

The collection of data 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. WHAT PAS MEETINGS HAVE YOU PREVIOUSLY ATTENDED?

2002 2001 2000 None

D. 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: _____

6. MEET THE PROFESSOR BREAKFAST SESSIONS—TICKETED EVENTS*

New!

- ♦ Advance Sign Up Required
- ♦ Attendance is very limited to maintain the intimate interactive format and only 25 tickets will be assigned to each of these special sessions. These sessions will fill quickly.
- ♦ Indicate first, second and third choice by marking 1 to 3 in the blank next to the breakfast topic. (All breakfasts are on Sunday, May 4, 7:00am–8:00am)

**NOTE: Educational Workshops no longer require advance enrollment; seating is available on a first-come, first-served basis. Meet the Professor Breakfast sessions are the only ticketed events at the 2003 PAS Annual Meeting.*

- ___ 4050—General Pediatrics ___ 4053—Neonatology 1
 ___ 4051—Hematology/Oncology ___ 4054—Neonatology 2
 ___ 4052—Infectious Diseases

7. REGISTRATION AND PAYMENT INFORMATION

	Register Early & Save! Discounted before March 7	Late Advance March 8–April 1	
Members and Guests	\$280	\$315	
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	\$205	\$240	
Continuing Medical Education Certificate	\$50	\$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	\$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: _____

CANCELLATION POLICY

A 20% administrative processing fee is withheld from **all** cancellations and duplicate registrations.
 No refunds will be issued after April 18, 2003.

IMPORTANT DATES & REMINDERS

March 7, 2003
 Early Bird Registration Deadline
 Forms must be received by the close of the business day (fees increase after this date)

April 1, 2003
 Late Advance Registration Deadline
 (Registration on site at higher fees required after this date)

April 1, 2003
 Housing Reservation Deadline
 (for special rates)

April 18, 2003
 No refunds will be issued after this date

April 21, 2003
 Registration materials received by those who pre-registered by April 1, 2003

Administrative Use Only

Received _____
 Processed _____
 Member Verified _____
 CC Batch _____