

## You May Register in One of Three Ways:

- Internet** Complete the online form at [www.pas-meeting.org](http://www.pas-meeting.org) (payment by credit card only)
- Fax** Complete the adjacent form and fax it to 281-419-0082 (payment by credit card only)  
*If you fax your form, do not mail it.*
- Mail** Complete the adjacent form and mail it to:  
PAS Program Office—Registration  
3400 Research Forest Drive, Suite B-7  
The Woodlands, TX 77381  
(payment by credit card or check, in US dollars drawn on a U.S. bank. **Make checks payable to PAS Annual Meeting.** PAS does not accept purchase orders)

## Registration Fees and Information

PAS Registration allows admittance to all PAS, ASPHO, ASPN, LWPEs, and PIDS scientific sessions and the technical exhibits at the Washington Convention Center.

The PAS Meeting Registration Fee includes the Program Guide and Abstracts2View™. Individuals who register by April 15, 2005, will receive their badge and Program Guide via first class mail by May 10, 2005.

After April 15, individuals will be required to register on site and pay on-site fees. *Registrations received after April 15, 2005 will be returned—No Exceptions.*

## Optional Fees **New**

NEW in 2005! There will be no optional fee assessments: CME services are included in the registration fee, and the abstracts will be published to CD and available free of charge.

## Register Online

[www.pas-meeting.org](http://www.pas-meeting.org)

**Preferred Method**

### Members of

**APS, SPR, APA, AAP, ASPHO, ASPN, or LWPEs:** your information is pre-filled online, allowing you faster registration.

## Cancellation/Refund Policy

A 20% administrative processing fee will be withheld from **ALL** duplicate registrations and cancellations requested before May 5, 2005. **No refunds will be issued for requests received after May 5, 2005.**

## Family Registration

Family registration is limited to non-doctoral spouses, significant others, children over 16 or other family members. Children 16 years and under who are accompanying a registrant will be admitted without charge. The family registration fee of \$35 registers your family member for admission to the Exhibit Hall and other meeting program presentations. Family registration is available only at the On-Site Registration Counter. CME credit and the Program Guide are not available to persons registered in this category.

## On-site Meeting Registration Hours

Friday, May 13	3:00pm – 7:30pm
Saturday, May 14	7:30am – 7:30pm
Sunday, May 15	7:30am – 6:30pm
Monday, May 16	7:30am – 6:30pm
Tuesday, May 17	7:30am – 4:00pm

## PAS Registration Fees

Inclusive of PAS, ASPHO, ASPN, LWPEs and PIDS

**Register Early and Save**

	EARLY BIRD (through March 15)	LATE ADVANCE (March 16–April 15)	ON-SITE (After April 15)
<b>Members and Guests</b>	<b>\$355</b>	<b>\$405</b>	<b>\$455</b>
<b>Emeritus</b>	<b>\$140</b>	<b>\$140</b>	<b>\$140</b>
<b>Allied Health Professionals</b> (Nondoctoral: RNs, NNPs, RRTs, Lab Techs, etc.)	<b>\$280</b>	<b>\$330</b>	<b>\$380</b>
<b>Trainee</b> (Student, Resident, Fellow in Training— <i>letter of status required</i> )	<b>\$100</b>	<b>\$100</b>	<b>\$100</b>

**You will receive an email confirmation of your registration once it has been processed (if an email was provided with your registration form).**



# 2005 PAS Registration Form

May 14-17, 2005

Washington, D.C.



## 1. NAME AND ADDRESS INFORMATION (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:

SUBSPECIALTY / AREA OF INTEREST:

## 2. BADGE LISTING

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

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

## 3. MEMBERSHIP STATUS

### A. Member Category:

- Member** —Check all that apply:
  - American Pediatric Society
  - Society for Pediatric Research
  - Ambulatory Pediatric Association
  - American Academy of Pediatrics
  - American Society of Pediatric Hematology/Oncology
  - American Society of Pediatric Nephrology
  - Lawson Wilkins Pediatric Endocrine Society
- Guest** (not a member of any of the above)
- Trainee**
- Allied Health Professional**

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

## 4. MEETING REGISTRANT PASSWORD

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

PAS Program Office • 3400 Research Forest Dr., Ste B-7 • The Woodlands, TX 77381  
Phone: 281-419-0052 • Facsimile: 281-419-0082 • Email: info@pas-meeting.org

Also provides joint registration for the following:

**American Society of Pediatric Hematology/Oncology (ASPHO)**  
May 13-15, 2005

**American Society of Pediatric Nephrology (ASPN)**  
May 14-16, 2005

**Lawson Wilkins Pediatric Endocrine Society (LWPES)**  
May 13-May 17, 2005

All others refer to alliance pages for separate registration information.

## IMPORTANT DATES

**March 15, 2005**  
Early Bird Registration Deadline  
Forms must be **received** by 11:59pm, CST  
(fees increase after this date)

**April 15, 2005**  
Late Advance Registration Deadline  
(Registration on site at higher fees after this date)

**April 15, 2005**  
Housing Reservation Deadline  
(for special rates)

**May 5, 2005**  
No refunds issued after this date

**May 10, 2005**  
Registration materials received by those who advance-registered by April 15, 2005

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

## PAS Program Office Use Only

Received: \_\_\_\_\_

Processed \_\_\_\_\_

Reg No. \_\_\_\_\_

Complete Second Page ➔

## 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 held in conjunction with the PAS?

#### 1. Association of Pediatric Program Directors

- Member  Does Not Apply  
 Attending Meeting

#### 2. International Pediatric Hypertension Association

- Member  Does Not Apply

#### 3. North American Society for Pediatric Gastroenterology, Hepatology & Nutrition

- Member  Does Not Apply

#### 4. Pediatric Infectious Diseases Society

- Member  Does Not Apply  
 Attending Meeting

#### 5. Reach Out and Read

- Attending Meeting  Does Not Apply

#### 6. Society for Adolescent Medicine

- Member  Does Not Apply

#### 7. Society for Developmental Pediatrics

- Member  Does Not Apply  
 Attending Meeting

\*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 primary job-related activity?

"1" = the activity in which you spend most your time,  
 "2" = the second, etc.

#### Research

\_\_\_ Bench or Laboratory \_\_\_ Clinical \_\_\_ Health Services

#### Teaching/Medical Education

\_\_\_ Students \_\_\_ House Staff \_\_\_ Fellows

#### Clinical Practice

\_\_\_ Subspecialty \_\_\_ Primary Care/Gen'l Pediatrics  
 \_\_\_ Private Practice

#### Administration

\_\_\_ Dean, Dept Chair \_\_\_ Division Chief  
 \_\_\_ Program Director (Residency/Fellowship/Research)

\_\_\_ Other: \_\_\_\_\_

### C. What PAS meetings have you previously attended?

- 2004  2003  2002  None

### D. Are you:

- Faculty—Rank:  
 \_\_\_ Professor \_\_\_ Assistant Professor  
 \_\_\_ Associate Professor \_\_\_ Emeritus Professor  
 \_\_\_ Adjunct Professor \_\_\_ Instructor  
 \_\_\_ Lecturer  
 \_\_\_ Other: \_\_\_\_\_

Fellow—Year: 1st 2nd 3rd 4th 5th 6th

Resident—Year: 1st 2nd 3rd 4th Chief

Medical Student—Year: 1st 2nd 3rd 4th 5th

Ph.D. Student—Degree area: \_\_\_\_\_

Undergraduate Student—Year: 1st 2nd 3rd 4th

Allied Health Professional

Private Practitioner

Other: \_\_\_\_\_

## 6. EMERGENCY CONTACT INFORMATION

Emergency Contact: \_\_\_\_\_

Phone: Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

## 7. REGISTRATION AND PAYMENT INFORMATION

### CANCELLATION POLICY:

A 20% administrative processing fee is withheld from all cancellations and duplicate registrations.

 Register Early & Save!	EARLY BIRD (to March 15)	LATE ADVANCE (March 16–April 15)	ON SITE
Members and Guests	\$355	\$405	\$455
Emeritus (age 65 and over)	\$140	\$140	\$140
Allied Health Professionals (nondoctoral)	\$280	\$330	\$380
Trainee (Student, Resident, Fellow in Training—letter required)	\$100	\$100	\$100

\_\_\_ **Member/Guest**  
 \_\_\_ **Emeritus**  
 \_\_\_ **Allied Health Professional—**  
 Nondoctoral, e.g., RNs, NNPs, RRTs, etc. \$ \_\_\_\_\_  
 \_\_\_ **Trainee**  
*Letter of Status from department must accompany this form*

<b>Continuing Medical Education Certificate</b>	INCLUDED IN REGISTRATION FEE
<b>Family Registration (over age 16)</b>	ONSITE PURCHASE ONLY
<b>Total Registration Fee Due:</b> \$ _____	

### PAYMENT INFORMATION

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

Your signature authorizes your credit card to be charged for the total payment due. PAS reserves the right to charge the correct amount if different from the total listed.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

Card Holder's Phone \_\_\_\_\_

**Fax with credit card payment to (do not then mail):** 281-419-0082  
**Mail with credit card or check payment to:** PAS Program Office  
 3400 Research Forest Dr., Ste B7  
 The Woodlands, TX 77381