



# 2008 PAS Registration Form

May 3-6, 2008

Honolulu, Hawaii

Refer to the PAS website for Activities beginning before May 3

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

Fast. Secure.  
Immediate.

# PAS HAWAII 2008

## 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)

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 Nephrology
  - Asian Society for Pediatric Research
  - 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  ASPN  ASPR  LWPES

## 4. MEETING REGISTRANT PASSWORD

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

Also provides joint registration for the following:

American Society of Pediatric Nephrology (ASPN)  
**May 3-6, 2008**

Asian Society for Pediatric Research (ASPR)  
**May 3-6, 2008**

Lawson Wilkins Pediatric Endocrine Society (LWPES)  
**May 2-5, 2008**

All others refer to alliance pages for separate registration information.

## IMPORTANT DATES

**March 6, 2008**  
Early Bird Registration Deadline  
Forms must be received  
by 11:59pm, CST  
(fees increase after this date)

**April 1, 2008**  
Housing Reservation Deadline  
(for special rates)

**April 1, 2008**  
Late Advance Registration Deadline

**April 2-16, 2008**  
Pre On-site Meeting Registration  
(Online-processed at onsite fees)

**April 28, 2008**  
Registration materials will be received  
by those who advance-registered by April  
1, 2008

**April 30, 2008**  
No refunds issued after this date

### PAS Office Use Only

Received:   
Processed: \_\_\_\_\_  
Reg No. \_\_\_\_\_

**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?
- Association of Pediatric Program Directors**  
 Member       Attending Meeting       Does Not Apply
  - International Pediatric Hypertension Association**  
 Member       Does Not Apply
  - North American Society for Pediatric Gastroenterology, Hepatology & Nutrition**  
 Member       Does Not Apply
  - Pediatric Infectious Diseases Society**  
 Member       Attending Meeting       Does Not Apply
  - Society for Adolescent Medicine**  
 Member       Does Not Apply
  - Society for Developmental and Behavioral Pediatrics**  
 Member       Does Not Apply

*\*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?**  
Please put a "1" in the ONE activity (overall) in which you spend most your time, a "2" in the second, etc., putting a "0" in any activity for which you have no job responsibility.

**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?**

All     2007     2006     2005     2004     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
- PhD Student—Degree area:
- Undergraduate Student—Year:      1st    2nd    3rd    4th
- Allied Health Professional
- Private Practitioner
- Other: \_\_\_\_\_

**6. EMERGENCY CONTACT**

Emergency Contact: \_\_\_\_\_  
 Phone: Daytime: \_\_\_\_\_  
 Evening: \_\_\_\_\_

**7. REGISTRATION AND PAYMENT**

**CANCELLATION POLICY:**

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

	<b>Register Early &amp; Save!</b> EARLY BIRD (to 3/6)	LATE ADVANCE (3/7-4/1)	ON SITE (after 4/1)
Members and Guests	\$370	\$420	\$470
Emeritus (age 65 and over)	\$140	\$140	\$140
Allied Health Professionals (nondoctoral)	\$295	\$345	\$395
Trainee (Student, Resident, Fellow in Training)	\$100	\$100	\$100

<input type="checkbox"/> Member/Guest	
<input type="checkbox"/> Emeritus	
<input type="checkbox"/> Allied Health Professional Nondoctoral, e.g., RNs, NNPs, etc.	\$ _____
<input type="checkbox"/> Trainee Letter of Status from department must accompany this form	
CME Certificate	INCLUDED IN REGISTRATION
Family Registration (over age 16)	ONSITE ONLY
<b>Total Registration Fee Due:</b>	\$ _____

**PAYMENT INFORMATION**

(Payment MUST be enclosed—No P.O.s)

- Check (US Funds only) Check #: \_\_\_\_\_  
 Payable to Pediatric Academic Societies

**Credit Card:**

- AmericanExpress  
 MasterCard  
 VISA

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

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

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

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

Fax with credit card payment to:  
 281-419-0082 (do not then mail)

Mail with credit card or check payment to:  
 PAS Program Office  
 3400 Research Forest Dr., Ste B7  
 The Woodlands, TX 77381