



2009 PAS Registration Form

May 2-5, 2009 Baltimore, MD

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
 - American Society of Pediatric Nephrology
 - Society for Pediatric Research
 - Lawson Wilkins Pediatric Endocrine Society
 - Academic Pediatric Association
 - American Academy of Pediatrics
- 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. MEETING REGISTRANT PASSWORD

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

Register Online:

www.pas-meeting.org

Fast, Secure, Immediate

This registration form provides joint registration for the following:

American Society of Pediatric Nephrology (ASPN)
May 2-5, 2009

Lawson Wilkins Pediatric Endocrine Society (LWPES)
May 2-3, 2009

All others refer to alliance pages for separate registration information.

IMPORTANT DATES

March 4, 2009
Early Bird Registration Deadline
Forms must be received
by 11:59pm, CST
(fees increase after this date)

April 1, 2009
Late Advance Registration Deadline

April 7, 2009
Housing Reservation Deadline
(for special rates)

April 2-16, 2009
Pre On-site Meeting Registration
(Online-processed at onsite fees)

April 28, 2009
Registration materials will be received
by those who advance-registered by
April 1, 2009

April 30, 2009
No refunds issued after this date

PAS Office Use Only

Received:

Processed:

Reg No.

Continue on Page 2 >>>

www.pas-meeting.org

PAS Registration Form (page 2)

Registrant Last Name (please print): _____

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?
- Asian Society for Pediatric Research**
 Member Does Not Apply
 - 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 2008 2007 2006 2005 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.

Register Early & Save!	EARLY BIRD	LATE ADVANCE	ON SITE
	(to 3/4)	(3/5-4/1)	(after 4/1)
Member	\$445	\$495	\$545
Guest	\$545	\$595	\$645
Emeritus (65 and over)	\$215	\$215	\$215
Allied Health Professionals (nondoctoral)	\$405	\$480	\$505
Trainee (Student, Resident, Fellow in Training)	\$100	\$100	\$100

- Member
 Guest
 Emeritus
 Allied Health Professional Nondoctoral, e.g., RNs, NNPs, etc.
 Trainee
 Letter of Status from department must accompany this form

CME Certificate INCLUDED IN FEE
 Family Registration (over age 16) ONSITE ONLY

Total Registration Fee \$ _____

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