

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?

- 1. **Asian Society for Pediatric Research**
 Member Does Not Apply
- 2. **Association of Pediatric Program Directors**
 Member Attending Meeting Does Not Apply
- 3. **International Pediatric Hypertension Association**
 Member Does Not Apply
- 4. **North American Society for Pediatric Gastroenterology, Hepatology & Nutrition**
 Member Does Not Apply
- 5. **Pediatric Infectious Diseases Society**
 Member Attending Meeting Does Not Apply
- 6. **Society for Adolescent Medicine**
 Member Does Not Apply
- 7. **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 2009 2008 2007 2006 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

E m e r g e n c y
Contact: _____

Phone: Daytime: _____

7. REGISTRATION AND PAYMENT

CANCELLATION POLICY:

A 20% administrative processing fee is withheld

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,	\$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 Due: \$ _____

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