2003 Advance Meeting Registration Form
PAS ❖ ASPN ❖ LWPES

REGISTER EARLY and SAVE!

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

Pediatric Academic Societies' Annual Meeting
Washington State Convention Center, Seattle, Washington
May 3–6

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

(To 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 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 ❒ASPN ❒LWPES

4. MESSAGE CENTER 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

Complete Second Page

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?

	Member	Attending Meeting*	None
American Academy of Pediatrics	❒	NA	❒
American Society of Pediatric Hematology/Oncology	❒	❒	
Association of Pediatric Program Directors	❒	❒	
North American Society for Pediatric Gastroenterology, Hepatology & Nutrition	❒	NA	
Pediatric Infectious Diseases Society	❒	❒	
Society for Developmental Pediatrics	❒	❒	

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 Practioner
❒ 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)

____4050—General Pediatrics
____4051—Hematology/Oncology
____4052—Infectious Diseases
____4053—Neonatology #1
____4054—Neonatology #2

**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.*

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 **Letter of Status from Department must accompany this form*	$75	$75	
Allied Health Professional—Non-Doctoral	$205	$240	
Continuing Medical Education Certificate	$50	$50	$_____
Abstracts—*Pediatric Research* Supplement *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.	$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 _____

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