

**WSSP 2010 Fall Meeting**  
**November 6, 2010**  
***Fred Hutchinson Cancer Research Center***  
***1100 Fairview Avenue N, Seattle, WA***  
**Pelton Auditorium**

**REGISTRATION FORM** (please type or print clearly)

Full Name \_\_\_\_\_ Name for Badge \_\_\_\_\_

Group/Hospital \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*My food preference is vegetarian*

Conference registration fee includes your tuition, syllabus, breakfast, and box lunch

<b>Conference Registration</b>	<b><u>Pre-Register</u></b>	<b><u>On-Site</u></b>	
<input type="checkbox"/> WSSP Member	\$200	\$250	_____
<input type="checkbox"/> Physician Non-Member	\$300	\$350	_____
<input type="checkbox"/> Allied Health	\$200	\$250	_____
<input type="checkbox"/> Resident	<i>no charge</i>		
<b>TOTAL ENCLOSED:</b>			_____

**Mail to: WSSP**  
**2033 SIXTH AVENUE, STE 1100**  
**SEATTLE, WA 98121**

- Enclosed is my check made payable to: **WSSP**
- CREDIT CARD PAYMENT: (VISA OR MASTERCARD ONLY) MAIL OR FAX TO **206-441-5863**

Print Name: \_\_\_\_\_

CC#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**CANCELLATION POLICY:** We must receive written notification of your cancellation. A \$25 processing fee will be deducted from the registration refund. No refunds after Sept. 3, 2010.

**INQUIRES:** Contact the WSSP Office at 206-441-3642, or send an email to [ddw@wsma.org](mailto:ddw@wsma.org)