

# WSSP 2010 Fall Meeting

November 6, 2010

Fred Hutchinson Cancer Research Center

1100 Fairview Avenue N, Seattle, WA

Pelton Auditorium

**Dinner to follow:**

Seattle Yacht Club

1807 E Hamlin

Seattle, WA 98112

## 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

I will attend the dinner

*Conference registration fee includes your tuition, syllabus, breakfast, box lunch, and Dinner (Residents: see below) at the Seattle Yacht Club immediately following the conference*

Conference Registration	Pre-Register	On-Site	
<input type="checkbox"/> WSSP Member	\$250	\$300	_____
<input type="checkbox"/> Physician Non-Member	\$350	\$450	_____
<input type="checkbox"/> Allied Health	\$200	\$250	_____
<input type="checkbox"/> Resident	<i>no charge</i>		
<input type="checkbox"/> Support a Resident	Donation		_____
<input type="checkbox"/> Dinner Guest	\$40	\$50	_____
<input type="checkbox"/> Resident Dinner	\$40	\$50	_____

**TOTAL ENCLOSED:** \_\_\_\_\_

**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 \$50 processing fee will be deducted from the registration refund. No refunds after Oct. 3, 2010.

**INQUIRES:** Contact the WSSP Office at 206-956-3642, or send an email to [ddw@wsma.org](mailto:ddw@wsma.org)