



WSSP 2018 Spring Meeting
May 5, 2018

Fred Hutchinson Cancer Research Center
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 **My food preference is vegan** **My food preference is gluten free**

Conference registration fee includes your tuition, e-syllabus, breakfast and lunch on Saturday

Conference Registration	<u>Early Bird Rate – Before April 6, 2018</u>	<u>After April 7</u>
<input type="checkbox"/> WSSP Member	\$250	\$275
<input type="checkbox"/> Physician Non-Member	\$300	\$325
<input type="checkbox"/> Pathology Assistant	\$150	\$175
<input type="checkbox"/> Cytotechnologists	\$150	\$175
<input type="checkbox"/> Resident-Member	no charge	
<input type="checkbox"/> Resident-Non-Member*	\$50	

TOTAL : _____

Mail to: WSSP
2001 SIXTH AVE. STE 2700
SEATTLE, WA 98121

OR FAX TO: 206-441-5863

Enclosed is my check made payable to: **WSSP**

CREDIT CARD PAYMENT: YOU MUST REGISTER ONLINE AT: www.wsspath.org TO PAY BY CREDIT CARD

CANCELLATION POLICY: We must receive written notification of your cancellation. A \$50 processing fee will be deducted from the registration refund. No refunds after May 1, 2018

No refunds after May 1, 2018. INQUIRES: Contact the WSSP Office at 206-956-3624, or send an email to: LMK@wsma.org