

**WVSIPP Annual Meeting**  
 Atlantis Resort, Bahamas  
 Friday, June 11 - Sunday, June 13, 2010

Please complete all requested information on this form, sign and return to: *\*scan/mailed, faxed or mailed forms accepted\**

**Michelle Byers**      [MichelleByers@roadrunner.com](mailto:MichelleByers@roadrunner.com), cell: 415-518-5391 fax: 951-302-4841

**AMA Category 1 CME credit hrs. available for medical/scientific sessions. Units credited commensurate with the number of credit hrs. attended.**

**Session Registration: \*use a separate form for each person if a different credit card will be charged\***

- Please do let us know if you will be attending the Friday night welcome reception and if you will be bringing a guest

<u>Qty.</u>	<u>Session Description</u>	<u>Fee</u>	<u>Qty.</u>	<u>Session Description</u>	<u>Fee</u>
_____	Physician – WVSIPP member	\$450.00	_____	Industry Attendee	\$600.00
_____	Physician – non-WVSIPP	\$600.00	_____	Faculty	N/C
_____	Physician – ASIPP member	\$500.00	_____	Midlevel Practitioner	\$500.00
_____	Friday Reception guest	\$100.00	_____	WVSIPP Board Member	N/C
Total Registration Fee		\$ _____ *			

**All registrations received prior to 2/15/10 are eligible for a \$100 discount on medical sessions**

**Name Badge and Contact Information** *(additional name badge form attached)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Check One:**      **Dr.** \_\_\_ **Mr.** \_\_\_ **Mrs.** \_\_\_ **Ms.** \_\_\_

Badge Name: \_\_\_\_\_ *(Appears on Name Badge)*  
*(Example: John Smith, MD)*

Institution/Organization \_\_\_\_\_ **Vendor/Exhibitor:** \_\_\_ Yes \_\_\_ No

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Page: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**Accommodations – The Atlantis Resort** *(reservations must be made with conference planner)*

**Guestroom Rate @ \$199.00 Per Room/Per Night \*Beach Tower\***  
**Guestroom Rate @ \$219.00 Per Room/Per Night \*Coral Tower\***

*(Specify nights you will need a hotel room for and how many rooms each night)*

**Friday & Saturday (11<sup>th</sup>&12<sup>th</sup>)** \_\_\_\_\_ **Thursday - Saturday (10<sup>th</sup>-12<sup>th</sup>)** \_\_\_\_\_ **Additional nights** \_\_\_\_\_

King Bed \_\_\_\_\_ Double Bed \_\_\_\_\_ How Many Adults \_\_\_\_\_

**Tower Request:**  
 \_\_\_ Beach    \_\_\_ Coral    \_\_\_ Upgrade (specify)

**Method of Payment**

\_\_\_ Check *(Make payable to The WVSIPP)*

\_\_\_ VISA    \_\_\_ MC    \_\_\_ AMEX    Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Security # \_\_\_\_\_ (3-4 digits on reverse side of card)

Cardholder's Name: (as it appears on card) \_\_\_\_\_

Billing Address: (if different from mailing address) \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature: (allows conference to submit registration)** \_\_\_\_\_ **Date:** \_\_\_\_\_