

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**

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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 (11th&12th) _____ **Thursday - Saturday (10th-12th)** _____ **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:** _____