



**2018 Annual Meeting**  
**Campbell's Resort, Lake Chelan**  
**June 22-24**

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

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

Address \_\_\_\_\_

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

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

*My food preference is vegetarian*     *My food preference is vegan*     *My food preference is gluten free*

*I will attend the Friday night reception # of Adults \_\_\_\_\_ # of Children under 13 \_\_\_\_\_*

*I will attend the Saturday night dinner # of Adults \_\_\_\_\_ # of Children under 13 \_\_\_\_\_*

**Conference Registration**

- |  |           |
|--|-----------|
| <input type="checkbox"/> WSPS Member                       | \$395     |
| <input type="checkbox"/> Physician Non-Member              | \$495     |
| <input type="checkbox"/> ARNP/PA Member                    | no charge |
| <input type="checkbox"/> ARNP/PA Non-Member                | \$350     |
| <input type="checkbox"/> Resident                          | no charge |
| <input type="checkbox"/> Adult Meal tickets (13 and older) | \$100     |
| <input type="checkbox"/> Pay my 2018 dues                  | \$300     |

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

Enclosed is my check made payable to: **WSPS, 2001 6<sup>th</sup> Ave Suite 2700 Seattle 98121**

Please register online at [www.wasocietyofplasticsurgeons.org](http://www.wasocietyofplasticsurgeons.org) to register with a credit card.

**CANCELLATION POLICY:** We must receive written notification of your cancellation. A \$75 processing fee will be deducted from the registration refund. No refunds after June 1, 2018.

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