



NORTH AMERICAN SOCIETY FOR PSYCHOSOCIAL OBSTETRICS & GYNECOLOGY

ANNUAL MEETING – APRIL 22-25, 2012

Renaissance Hotel, Providence, Rhode Island

REGISTRATION FORM - *Please type or print clearly.*

First Name
 Last Name
 Degree (MD, PhD)

Nick Name for Badge
 Name of Guest (for guest badge if applicable)

Company/Organization/Institution

Address

City

State or Province

Zip or Postal Code

Country

Telephone

Fax

Email Address

Special meeting needs due to disability (Please describe) _____

MEETING REGISTRATION FEES - Cancellation Policies and Deadline - Only written cancellations received **before April 1, 2012** can be refunded.

FULL REGISTRATION – includes access to all sessions, poster session, CME, 2 Receptions, 3 Luncheons, refreshment breaks. Weinberg Dinner ticket additional.

	<u>Received By 2/6</u>	<u>Received 2/7-4/18</u>	<u>4/19-On-Site</u>	
<input type="checkbox"/> NASPOG Member	\$550	\$650	\$675	\$ _____
<input type="checkbox"/> Non-Member	\$700	\$800	\$825	\$ _____
<input type="checkbox"/> Student/In-Training NASPOG Member	\$150	\$200	\$250	\$ _____
<input type="checkbox"/> Student/In-Training Non-Member	\$200	\$250	\$300	\$ _____
<input type="checkbox"/> Guest	\$200	\$200	\$250	\$ _____

Presenters/speakers cannot register for the guest fee. Guest registrations do not afford access to technical/poster sessions.

ONE DAY - SUNDAY MONDAY TUESDAY WEDNESDAY – includes sessions, CME & events for day registered only. Weinberg Dinner additional.

<input type="checkbox"/> NASPOG Member	\$250 per day	\$275 per day	\$300 per day	\$ _____
<input type="checkbox"/> Non-Member	\$350 per day	\$375 per day	\$400 per day	\$ _____

WEINBERG DINNER TICKET

Paul C. Weinberg Memorial Lecture (CME) Dinner (additional to registration fee)	\$50 ea.	\$ _____
Weinberg Dinner – Student Discount (additional to registration fee)	\$35 ea.	\$ _____

I AM PLANNING TO ATTEND - please check to let us know so that we can plan accordingly

Welcome Reception Poster Reception Monday Luncheon Tuesday Luncheon Wednesday Luncheon

MEMBERSHIP Renew My Membership I Want to Join NASPOG - **JOIN NOW AND SAVE ON YOUR REGISTRATION FEE!**

Physicians, PhDs, Practicing Clinicians - \$150 Resident, Medical, or Graduate Students - \$50 \$ _____

Total Payment Due (U.S. Dollars) \$ _____

Payment Method Check or money order payable in US dollars to **NASPOG** Visa MasterCard American Express

Card Number _____ Expiration Date _____

Name as it appears on card _____

Card Billing Address *if different than above* _____

Signature _____

Mail, Fax or email completed form - with payment to:

NASPOG, 8213 Lakenheath Way, Potomac, MD 20854 / FAX: 301-983-6288 / info@naspog.org

Registrations will not be processed or confirmed without payment.