

36th ANNUAL MEETING

NORTH AMERICAN SOCIETY
FOR PSYCHOSOCIAL OBSTETRICS AND GYNECOLOGY
(NASPOG)

FEBRUARY 10-13, 2010
JEFFERSON HOTEL
RICHMOND, VIRGINIA

MEETING REGISTRATION

Name:		
Address:		
City:	State:	Zip:
Telephone:	Fax:	
Email:		

Meeting Registration Fees:

- Member** **\$300.00**
- Non-Member** **\$400.00**
- Resident/Student** **\$125.00**
- Spouse** **\$200.00 - *Attending the General Sessions**

- 1 Day Registration** **\$100.00**
 ___ **Wed., Feb 10** ___ **Thurs., Feb 11** ___ **Fri., Feb 12** ___ **Sat., Feb 13**

- \$50.00 Spouse/Guest - Attending Social Functions***
 **No Fee Required for Children 12 and Under*

_____ **Registration Fee Total**

Guest(s): Name of person(s) accompanying you:

Payment Information

Payment must be received **in full** in order to process your registration. Payment can only be made payable by Check (U.S. Funds), American Express, Mastercard, or Visa.



Credit card registrations may be faxed to Marion Johnson at (202) 554-0453 by **January 29, 2010**.

- Check Enclosed
- American Express
- MasterCard
- Visa

Credit Card Number Exp. Date

Card Holder Signature Date



Please return the completed registration form by **January 22, 2010** with payment to:

NASPOG
Attn: Marion Johnson
409 12th Street SW
Washington, DC 20024

Special Requirements

Please list any special requirements you have for the meeting including dietary needs:

Cancellations

Please submit meeting registration cancellations by **Friday, January 8, 2010**. Fees will be refunded less a \$50.00 administrative fee.

Questions

Please contact Mr. Marion Johnson at (202) 863-2570 or mjohnson@acog.org if you have any questions regarding the 36th Annual Meeting.