

GA Pediatric Nurses Association & GA Pediatric Practice Managers Association

Spring 2010 Meeting Registration Form

(Duplicate this form for each registrant)

Name: _____

CMPE LPN ADN RN MA CPC Other _____

Work Address: _____

City, State, Zip _____

Telephone: _____ Fax: _____ Email: _____

Name of Practice/Hospital: _____

Name of Lead Physician(s): _____

Register for the meeting you will attend:

Nurse Registration Fees:

- GPNA Member \$95
- Physician – GC/AAP Member \$95
- GPNA or GC/AAP Non-Members \$150
- Medical Assistants \$75

Practice Manager Registration Fees:

- *Manager/GPPMA Member \$125
- Physician – GC/AAP Member \$125
- *Practice Mgr - GPPMA Non-Member \$200
- Physician Non-Member \$200

**GPPMA Members are defined as practice managers who are employed by a physician practice where the majority of physicians are members of the GA Chapter AAP. GPNA Member is defined as a nurse who is a current member of GPNA or the Georgia Chapter AAP.*

(On-Site or Late Registration is \$25 Additional)

Total Amount Enclosed: \$ _____

Make checks payable to : Georgia Chapter/AAP

___ **Please charge my credit card**

Circle one: MasterCard Visa American Express

Card Number _____ 3 or 4 digit CVV Code _____

Name on the card _____ Exp Date _____

Mail Completed Registration Forms to:

Georgia Chapter /AAP Attention: Kasha Sumpter
1330 West Peachtree Street, NW; Suite 500, Atlanta, Georgia 30309-2904
(404) 881-5067 (phone) (404) 249-9503 (fax) ksumpter@gaaap.org

Registration Deadline – April 19, 2010

Cancellation/Refund Policy: All refund requests must be made prior to April 19, 2010. A \$30 administration fee will apply to all refunds given. We regret no refunds or rain checks will be issued after the deadline. However, participant substitutions are gladly accepted for the same meeting. Thank you.