

September 2, 2015

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**BLASTFAX**

***Attention: Pediatric Administrators, Nurses, and other Staff  
Register Today for the GPPMA or GPNA Fall Meeting!***

The fall meeting of the Georgia Pediatric Nurses and Practice Managers Associations will be held on October 16, 2015 at the Cobb Energy Center in Atlanta, Georgia. The Practice Managers meeting will include sessions on Patient Portals, Medical Records, Telemedicine, Coding, Minors Rights, and more. The nurses meeting will include sessions on Minor's Rights, Adolescent Vaccines, Vaccine Storage & Handling, Screen Time, Minor's Rights, and more. An application will be submitted to the Georgia Nurses Association for contact hours. To register, complete the registration form below. Registrations can be faxed to 404-249-9503. Visit the Chapter website at [www.gaaap.org](http://www.gaaap.org) for more information or to register online. Please contact Kasha Askew at 404-881-5067 or [kaskew@gaaap.org](mailto:kaskew@gaaap.org) with questions. We hope to see you all there!

**GPNA & GPPMA Fall Meeting 2015 Registration Form**

Name: \_\_\_\_\_

☐ CMPE ☐ LPN ☐ ADN ☐ RN ☐ MA ☐ CPC ☐ Other \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_ \*confirmations are sent via email

Name of Practice/Hospital: \_\_\_\_\_

Name of Lead Physician(s): \_\_\_\_\_

Register for the meeting you will attend:

**GPNA Meeting Registration Fees:**

<input type="checkbox"/> Nurse	\$95
<input type="checkbox"/> Medical Assistants	\$75
<input type="checkbox"/> Nursing Students	\$40
<input type="checkbox"/> Physician – GC/AAP Member	\$95

**GPPMA Manager Registration Fees:**

<input type="checkbox"/> *Practice Manager/GPPMA Member	\$110
<input type="checkbox"/> Physician – GC/AAP Member	\$110
<input type="checkbox"/> *Practice Mgr - GPPMA Non-Member	\$185
<input type="checkbox"/> Physician Non-Member	\$185

\*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.

**(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 Askew

1330 West Peachtree Street, NW; Suite 500, Atlanta, Georgia 30309-2904

(404) 881-5067 (p)    (404) 249-9503 (f)    [kaskew@gaaap.org](mailto:kaskew@gaaap.org)

**Registration Deadline – October 2, 2015**

**Cancellation/Refund Policy:** All refund requests must be made prior to October 2, 2015. 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.