

**BLASTFAX**

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

The spring meeting of the Georgia Pediatric Nurses and Practice Managers Associations will be held on May 1, 2015 at the Georgia International Convention Center in College Park, Georgia. The Practice Managers meeting will include sessions on Collections, VFC & GRITS, Hiring & Firing, and more. The nurses meeting will include sessions on Asthma, Autism, Bright Futures, Sexually Transmitted Infections, 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. Online registration will be available soon at [www.gaaap.org](http://www.gaaap.org). Visit the Chapter website at [www.gaaap.org](http://www.gaaap.org) for more information. 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 Spring 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:**

- Nurse \$85
- Medical Assistants \$65
- Nursing Students \$40
- Physician – GC/AAP Member \$85

**GPPMA Manager Registration Fees:**

- \*Practice Manager/GPPMA Member \$100
- Physician – GC/AAP Member \$100
- \*Practice Mgr - GPPMA Non-Member \$175
- Physician Non-Member \$175

*\*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 – April 17, 2015**

**Cancellation/Refund Policy:** All refund requests must be made prior to April 17, 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.