



Registration for the
56th Annual Scientific Meeting
of the Northwest Society of Plastic Surgeons



February 17 – 21, 2018

The Kahala Hotel on Oahu www.kahalaresort.com

Registration for the meeting is open to the following:

- NWSPS members, candidates and invited guests
- American Board Certified Plastic Surgeons who are members or candidates of ASPS, ASAPS, the Canadian Society of Plastic Surgeons or The Canadian Society for Aesthetic Plastic Surgery
- International plastic surgeons who are members of their National Societies recognized by ISAPS or ICOPLAST
- Residents and Fellows in approved plastic surgery training programs (written verification of participation in an approved plastic surgery residency or fellowship program, attested to by the Chief of Service, is required for complimentary meeting registration)
- Plastic surgery nurses and physician assistants (written letter from your board-certified plastic surgeon employer indicating that you are currently employed as a registered nurse or physician assistant)
- Office personnel employed by board-certified or board-eligible plastic surgeons (written verification of employment is required)

Registration can be done online via website www.nwsps.org Questions: deanswar@europa.com or 503-421-8955

OR Mail this completed form with payment in USD to: Vicky Dean-Swart, 3269 SE Sherman Street, Portland, Oregon 97214

Name: _____ ASPS# _____

Address: _____ City _____ State _____

Office Tele: _____ Cel Phone: _____ Email: _____

***** Note: Registrations received after January 1, 2018 will be \$100.00 additional per person *****

Physician (member of NWSPS) \$500.00 _____

Physician (NON member of NWSPS) \$800.00 _____

Spouse/ Guest/ Staff \$400.00 _____

Children (ages 12 to 17) \$200.00 _____

~~Registration fee includes Welcome Reception, Breakfasts, and Presidential Dinner Dance~~

TOTAL Fees _____

Please make check payable to Northwest Society of Plastic Surgeons or NWSPS (US Funds)

If unable to attend the meeting, a refund may be issued upon written request.

Member full name: _____ badge name: _____

Spouse full name: _____ badge name: _____

Guest full name: _____ badge name: _____

Staff full name: _____ badge name: _____

Child's full name: _____ badge name: _____

PLEASE RETURN REGISTRATION AND PAYMENT BY January 1, 2018

**** On site check-in will be on Saturday, February 17, 2018 from 12:00 noon to 5:00pm.**

**** The welcome reception will be Saturday evening, February 17, 2018.**

**** The Presidential Dinner Dance will be on Tuesday evening, February 20, 2018.**

**** Scientific Sessions start on Sunday, February 18, 2018**