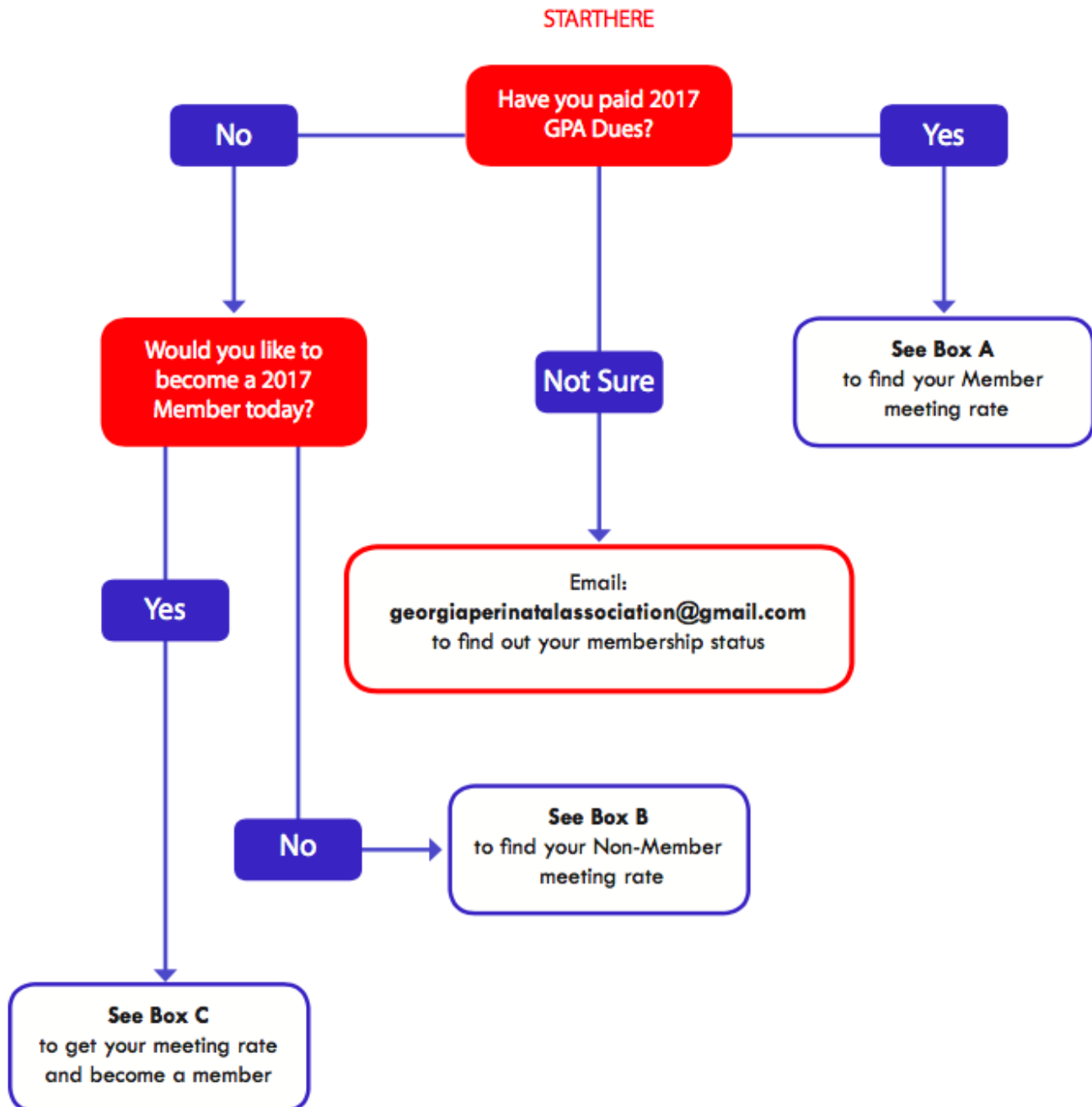




# 31st Annual Conference REGISTRATION FLOW CHART

September 20-22, 2017 | The King & Prince Resort | St. Simons, GA

Use this flow chart to determine which registration fee category (A, B, or C) best applies to you, then flip over and fill out the detailed registration form.





# 31st Annual Conference REGISTRATION FORM

September 20-22, 2017 | The King & Prince Resort | St. Simons, GA

REGISTRATION FEE: (SELECT ONE)		BY AUG. 25	AFTER AUG. 25
A	2017 GPA Member: RN/NP/PA/Allied Health Professional	\$230	\$295
	2017 GPA Member: Physician	\$250	\$315
	2017 GPA Member - 1 Day Registration ( <i>select day</i> ): <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Friday	\$150	\$200
B	2017 GPA Non-Member: RN/NP/PA/Allied Health Professional	\$330	\$395
	2017 GPA Non-Member: Physician	\$380	\$445
	2017 GPA Non-Member - 1 Day Registration ( <i>select day</i> ): <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Friday	\$180	\$230
C	Become a 2017 Member with Meeting Registration: RN/NP/PA/Allied Health Professional	\$280	\$345
	Become a 2017 Member with Meeting Registration: Physician	\$300	\$365
	Become a 2017 Member with 1 Day Registration ( <i>select day</i> ): <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Friday	\$200	\$250
<b>ADDITIONAL MEETING ADD-ONS</b>			
Wednesday Pre-Conference		<input type="checkbox"/> \$50	
Guest		<input type="checkbox"/> \$50	
Thursday Business Lunch (No Charge)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2018 GPA Membership Dues		<input type="checkbox"/> \$50	

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_  
This is my:  HOME  WORK

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Tell us about yourself:**

- 1) Place of Employment: \_\_\_\_\_
- 2) # of years as health professional: \_\_\_\_\_
- 3) Specialty (circle all that apply) *OB/GYN Peds Perinatal Neonatal Home Health Health Dept Other* \_\_\_\_\_

**PAYMENT METHOD:**

Check (enclosed, made payable to Georgia Perinatal Association): \_\_\_\_\_ Credit Card:  VISA  MasterCard  AmericaExpress

**TOTAL DUE:**  
\$ \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

**RETURN BY MAIL:** GPA Executive Office, PO Box 13784, Savannah, GA 31416 **RETURN BY FAX:** 912-233-1952 Attn: GPA  
 Questions? Call (912) 495-8266 or email [georgiaperinatalassociation@gmail.com](mailto:georgiaperinatalassociation@gmail.com)

**Cancellation/Refund Policy**

All cancellations must be made in writing. Cancellation must be made on or before **9/1/17**, and will be subject to a \$40 processing fee. Refunds between 9/3-9/16, will receive a 50% refund. No refunds for cancellations after 9/16/17.