



**THE ASSOCIATION OF PHYSICIANS OF PAKISTAN-DECENT
OF NORTH AMERICA**

APPNA Fall Meeting 2018 October 18 – 21
Sheraton Tysons Hotel
8661 Leesburg Pike
Tysons, VA 22182

REGISTRATION FORM

Date: _____

First Name: _____ Office Phone: _____

Last Name: _____ Office Fax: _____

Address: _____ Home Phone: _____

Address: _____ Home Fax: _____

City: _____ E-mail: _____

State/Zip Code: _____ Medical School: _____

Country: _____ Year Graduated: _____

MEETING REGISTRATION

Meeting Registration Detail	By Sep. 20th	After Sep 20th	Total
Lifetime Members	Waived	Waived	\$0
Members	\$100	\$125	
CME (total 5 hours) On Friday & Saturday	\$250	\$275	
Friday APPNA Dinner and Entertainment X _____	\$135	\$145	
Saturday Banquet and Entertainment X _____	\$155	\$165	
Sunday Brunch (Halwa Puri)	\$30	\$35	
3% finance charges will be added to all credit card transactions		GRAND TOTAL	

Terms & Conditions:

- Meeting registration and APPNA Membership dues are required in order to attend the CME activity,
- Please make your hotel reservations as soon as possible to avoid higher rate. Cut-off date for hotel reservation: September 30th or earlier when APPNA block is sold.
- Refund policy: 100% refundable for requests received before September 15th, 2018 less a \$100 cancellation fee.
- No cancellations or refunds after September 15th, 2018.
- No registration accepted without full payment.

PAYMENT (Please circle the appropriate method)

CREDIT CARD
 American Express
 Discover
 Master Card
 Visa
 CHECK

Card Number _____

Expiration Date (MM/YY) _____

Cardholder Name _____

Zip Code On The Card _____

*** 3% finance charges will be added to all credit card transactions

I hereby authorize APPNA to charge this credit card for the total amount due.

Please make checks payable to APPNA and mail or fax to:

APPNA
 6414 S. Cass Ave
 Westmont, IL 60559
 Phone: 630-968-8585
 Fax: 630-968-8677
 Email: meetings@appna.org

I also consent to APPNA charging or crediting my card account with the amount of money of any subsequent change(s) to the items booked. Having signed, I confirm that I have read and am fully aware of the cancellation policy on this form.

Signature: _____

(For credit card only)

RESERVE YOUR HOTEL ROOM NOW at APPNA Discount rate of \$ 119 +Taxes

Sheraton Tysons
 8661 Leesburg Pike
 Tysons, VA 22182
 703-448-1234

Mention **APPNA**
 When reserving your room

Or book online using link:

<https://www.starwoodmeeting.com/events/start.action?id=1802052400&key=29531943>