

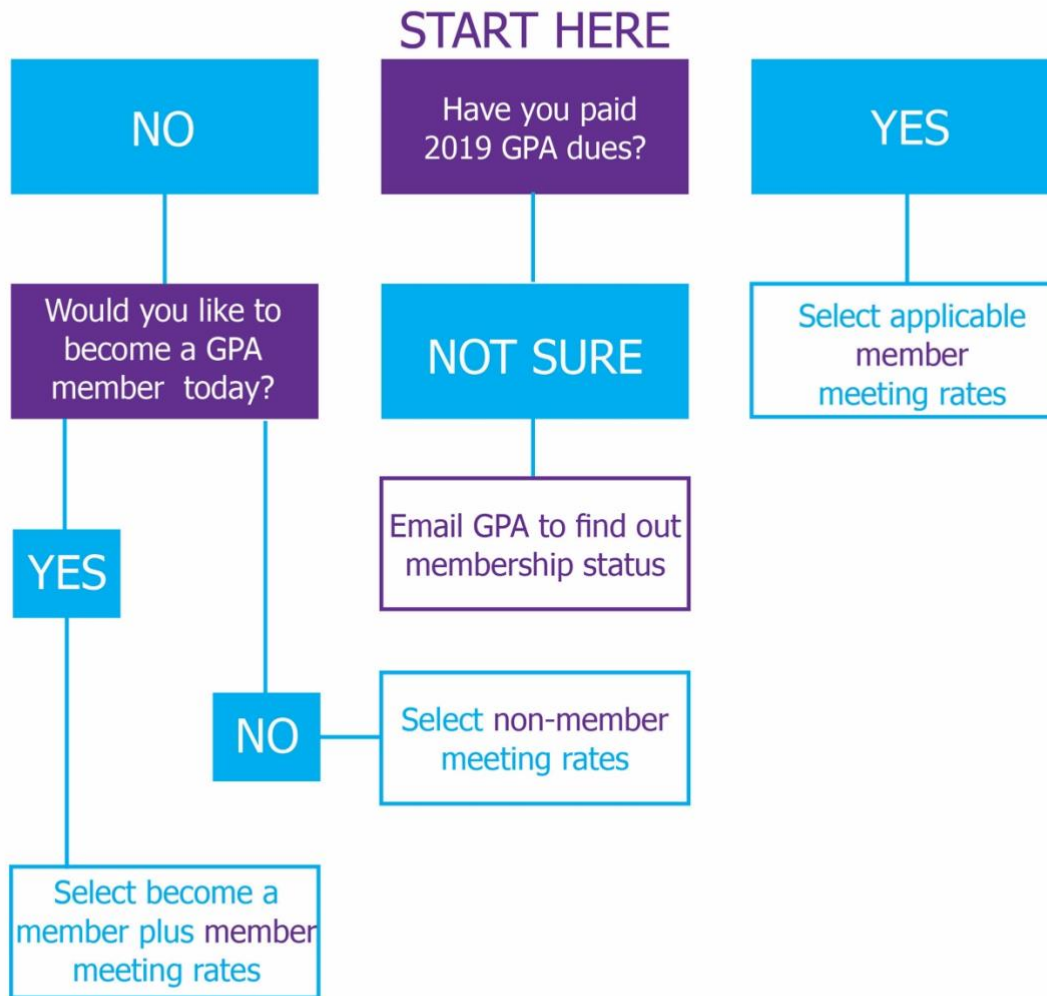


# Explore Dynamic Possibilities to Impact Mothers & Babies in Georgia

33rd Annual Conference: September 25 - 27, 2019

## 33<sup>rd</sup> Annual Conference Flowchart

Use this flowchart to determine which registration fee best applies to you





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## CONFERENCE REGISTRATION FORM

Registration Fee: (Select One)	By August 26	After August 26
<b>2019 GPA Member:</b> RN/NP/PA/Allied Health Professional/Physician	<b>\$295</b>	<b>\$360</b>
<b>2019 GPA Member – 1 Day Registration</b> (select day) <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Friday	<b>\$215</b>	<b>\$320</b>
<b>2019 GPA Non-Member:</b> RN/NP/PA/Allied Health Professional/Physician	<b>\$395</b>	<b>\$460</b>
<b>2019 GPA Non-Member – 1 Day Registration</b> (select day) <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Friday	<b>\$245</b>	<b>\$340</b>
<b>Not a current Member? Become a 2019 Member with Meeting Registration:</b> RN/NP/PA/Allied Health Professional/Physician	<b>\$345</b>	<b>\$410</b>
Wednesday Pre-Conference	<input type="checkbox"/> <b>\$70</b>	
Guest (Wednesday night reception and Friday breakfast access)	<input type="checkbox"/> <b>\$70</b>	
<b>Thursday Lunch (No Charge) – Please check the box if you plan to attend the lunch</b>	<input type="checkbox"/> <b>FREE LUNCH</b> Dietary Restrictions: _____	
<b>2020 GPA Membership Dues</b>	<input type="checkbox"/> <b>\$50</b>	
<b>ADDITIONAL MEETING ADD-ON (DONATION TO GEORGIA PERINATAL ASSOCIATION)</b>	<input type="checkbox"/> \$ _____	
<b>TOTAL DUE</b>		



# Explore Dynamic Possibilities to Impact Mothers & Babies in Georgia

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

Credentials: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
(email address required for confirmation of registration)

Place of Employment: \_\_\_\_\_

# of years as health professional: \_\_\_\_\_

Specialty: OB/GYN Peds Perinatal Neonatal Home Health Health Dept Other \_\_\_\_\_  
(circle all that apply)

Is this your first time attending a GPA conference? Y or N. If NO, how many previous GPA conferences have you attended: \_\_\_\_\_

## PAYMENT METHOD:

**Check** # (enclosed, made payable to Georgia Perinatal Association): \_\_\_\_\_

RETURN BY MAIL: Georgia Perinatal Association, P.O. Box 13784, Savannah, GA 31416.

Credit Card payments are accepted at GPA's [website](#).

All cancellations must be made in writing. Cancellation must be made on or before 9/9/19 and will be subject to a \$40 processing fee. Refunds between 9/9-9/20, will receive a 50% refund. No refunds for cancellations after 9/20/19. Questions? Call (912) 495-8266 or email [georgiaperinatalassociation@gmail.com](mailto:georgiaperinatalassociation@gmail.com).