

REGISTRATION FORM

WVAP ANNUAL MEETING

MAIL TO: Lanee Ruth Trout, CPC (AAPC)
Pathology, Health Sciences Center, PO Box 9203
Morgantown, WV 26506
OR FAX TO: 304-293-2925
OR E-MAIL: WVAPathologists@gmail.com



TITLE	FIRST NAME	LAST NAME	
STREET ADDRESS			
CITY	STATE	ZIP CODE	
E-MAIL ADDRESS		PHONE NUMBER	
BOARD CERTIFICATION	SPECIALITY		

REGISTRATION FEE

Fellow/Associate Live – Waived (dues previously paid)	Will attend Friday night live event
Fellow/Associate Live - \$50 (meeting + 2020 dues)	# Attending
Junior Member (Live or Virtual) – Waived	
Fellow/Associate Virtual - Waived (dues previously paid)	
Fellow/Associate Virtual - \$50 (meeting + 2020 dues)	
Non-Member Live/Virtual - \$100	

FORM OF PAYMENT

CREDIT CARD	CHECK	CASH
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Credit card payments are processed through PayPal. An invoice will be sent to your e-mail for payment.

Checks should be made payable to WEST VIRGINIA ASSOCIATION OF PATHOLOGISTS and returned with registration or brought to the meeting

PLEASE NOTE THAT THE ASSOCIATION HAS A BLOCK OF ROOMS AVAILABLE AT STONEWALL RESORT UNTIL SEPTEMBER 2. AFTER THIS DATE ROOMS MAY BE UNAVAILABLE.

<https://reservations.travelclick.com/15435?groupID=2537661> or jnstewart@stonewallresort.com if the link does not work