



**2019 PANE + MAPA
BRIGHAM & WOMEN'S HOSPITAL
Boston, MA**

Attendee Registration Information

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Employer: _____

There will be lectures April 26-28th- Friday, Saturday, and Sunday.
Please check boxes to indicate which days you will be attending:

Friday Saturday Sunday

Are you planning on staying at the Hilton Homewood Suites- Brookline hotel for the PANE/MAPA group discounted rate?

Yes No

Would you be interested in attending a Red Sox game Friday evening (cost- \$50-\$70/ticket)? We will contact you with further information if interested.

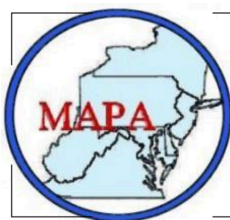
Yes No

Are you interested in attending the optional casual Thursday night Welcome dinner?

Yes No Possibly

Do you have any food allergies or dietary restrictions? If so, please specify.

Yes _____ No



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Attendance Fees

- PA One Day- \$130
- PA Two Days- \$160
- PA Three Days- \$185
- Student One Day- \$45
- Student Two Days- \$65
- Student Three Days- \$85

Please indicate amount enclosed above. Checks can be made payable to: Pathologists' Assistants of New England.
Please mail this form and check to the following address:

PANE
Attn: Rocky Ackroyd
104 Swett Rd
Windham, ME
04062

Signature

Date