

**BLASTFAX**

***Are you a pediatric nurse looking for an educational conference that is planned BY pediatric nurses FOR pediatric nurses?***

**You should attend the Georgia Pediatric Nurses Association Fall Meeting on September 19, 2008!**

The fall meeting of the Georgia Pediatric Nurses Association will be held on September 19, 2008 at the Cobb Galleria Centre in Atlanta, Georgia. This meeting will include talks on Adolescent Care, Eating Disorders, Immunizations, and more.

**Please complete the registration form below and fax it to the Chapter at 404-249-9503.** Visit the Chapter website at [www.gaaap.org](http://www.gaaap.org) for meeting agenda and additional information. Please contact Kasha Sumpter at 404-881-5067 or [ksumpter@gaaap.org](mailto:ksumpter@gaaap.org) with questions.

**GA Pediatric Nurses Association  
GPNA Registration Form – September 19, 2008**

Name: \_\_\_\_\_  LPN  BSN  RN  MA  Other \_\_\_\_\_

Work Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

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

**Registration Fees:**

GPNA Member	\$95
GC/AAP Member	\$95
*Non-Members	\$150
Medical Assistants	\$75
Amount Enclosed:	\$ _____

***(Make checks payable to Georgia Chapter/AAP)***

**\* GPNA member defined as nurses that are members of GPNA. GC/AAP member is defined as physicians that are members of the Chapter.**

\_\_\_\_\_ I will mail my payment to: 1330 W. Peachtree St, NW, Suite 500, Atlanta, GA 30309 ATTN: Kasha Sumpter before September 1<sup>st</sup>.

<b>_____ Please charge my credit card</b>			
Circle one:	MasterCard	Visa	American Express
Card Number	_____	Exp Date	_____
Name on the card	_____	CVV	_____

**BLASTFAX**

***Are you a pediatric practice manager looking for education & resources relevant to YOUR pediatric practice?***

**You should attend the Georgia Pediatric Practice Managers Association Fall Meeting on September 19, 2008!**

The fall meeting of the Georgia Pediatric Practice Managers Association will be held on September 19, 2008 at the Cobb Galleria Centre in Atlanta, Georgia. The meeting will include talks on Personality Profiling, Risk Management, Coding, and more!

**Please complete the registration form below and fax it to the Chapter at 404-249-9503.** Visit the Chapter website at [www.gaaap.org](http://www.gaaap.org) for meeting agenda and additional information. Please contact Kasha Sumpter at 404-881-5067 or [ksumpter@gaaap.org](mailto:ksumpter@gaaap.org) with questions.

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**GA Pediatric Practice Managers Association  
GPPMA Registration Form – September 19, 2008**

Name: \_\_\_\_\_  CMPE  FACMPE  RN  Other \_\_\_\_\_

Work Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

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

**Registration Fees:**

Practice Manager - GA/AAP Member	\$125
Physician - GA/AAP Member	\$125
*Non-Members	\$200
Amount Enclosed:	\$ _____

***(Make checks payable to Georgia Chapter/AAP)***

**\* Members defined as staff in physician practices where the majority of physicians are members of the Georgia Chapter.**

\_\_\_\_\_ I will mail my payment to: 1330 W. Peachtree St, NW, Suite 500, Atlanta, GA 30309 ATTN: Kasha Sumpter before September 1<sup>st</sup>.

<b>_____ Please charge my credit card</b>	
Circle one:	MasterCard      Visa      American Express
Card Number _____	Exp Date _____
Name on the card _____	CVV _____