

SAN DIEGO, CA



October 24-27, 2010
 Sheraton Hotel and Marina
 San Diego, CA



DPA Members Receive a \$100 DISCOUNT!

REGISTRATION INFORMATION

Registrant : _____
 NAME (exactly as it will appear on name badge)

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ FAX _____ EMAIL _____

FEES & PAYMENT

October 24-27, 2010 San Diego, CA	Registration Rate
Standard Registration Includes admission to Sessions, Workshops, Meal Functions, and Welcome Reception.	\$599
Affiliated Association/Society Registration Members of the following organizations: ACVP, ASCP, CAP, CSP, DPA, and USCAP.	\$499
Pathology Resident Registration	\$399
Spouse/Guest Registration Includes admission to all meals and the Welcome Reception, but does not include admission to sessions.	\$200

Accommodations are available at the Sheraton San Diego Hotel. Rate: \$199/night plus tax
 Please reserve a room for me No hotel needed
 Check-in date: _____
 Check-out date: _____

Method of Payment (US Dollars)
 AMEX MasterCard Visa Check or money order, payable to Pathology Visions

NAME (AS IT APPEARS ON CARD) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

CREDIT CARD NUMBER _____ EXPIRATION DATE _____ VERIFICATION DIGITS _____
(3-digit # on back of card, or 4-digit on front, if AMEX)

Authorized Signature _____

Please fax or mail the completed form to:
 Pathology Visions- 1360 Park Center Drive- Vista, CA 92081
 760.539.1193 (phone)· 760.539.1164 (fax)· info@pathologyvisions.com