



# REGISTRATION FORM

## OSAP 2010 Annual Symposium

**June 10-13 Hyatt Regency Tampa Tampa, FL**

*\*If you will be submitting payment for more than one registrant, please copy this form and submit a fully completed form for each attendee.*

*Attendee's Name
Title
Employer
Address/City, State Zip
Phone & Fax
Email

**Complimentary Global Summit on Patient Safety  
Thursday June 10 (9 am – 12 pm)**

I will attend the Global Summit

**Complimentary Preconference Programs  
Thursday June 10 (1 – 4 pm)**

I will attend the Abstract Writing Workshop

I will attend the Educators' Program

I will attend the Consultants' Program

**Complimentary Postconference Program  
Sunday June 13 (8 – 11 am)**

I will attend the Educators' Program

I will attend the Consultants' Program

Registration Fee	Received by 4/30	Rec'd 5/1 & Later
OSAP Member	\$399	\$449
Non-Member	\$549	\$599
Additional Attendees from same facility	\$299	\$349
Students	\$99	\$149
Optional Saturday Evening – Ybor City Tour & Dinearound	\$35	\$50
<b>TOTAL</b>		

**Payment Method:**  Check  Visa  MasterCard

Card#: \_\_\_\_\_ Exp: \_\_\_\_\_

**Mail, email or fax registration form to:**

OSAP Symposium  
PO Box 6297 Annapolis, MD 21401 USA  
Email: [office@osap.org](mailto:office@osap.org) Fax: 1-410-571-0028

**For More Information:**

Phone: +1-410-571-0003 800-298-6727 [www.OSAP.org](http://www.OSAP.org)

**Registration & Cancellation Deadlines**

Registration deadline is May 31, 2010. After that date, please bring a copy of this form with your payment plus \$25 to the meeting. Cancellations received in writing by May 31 are eligible for a refund. A \$25 administrative fee will be applied to all refunds. Cancellations received after May 31 are not eligible for refunds.