

ADVANCE REGISTRATION FORM

ADVANCES IN PEDIATRICS | MARCH 2, 2019

Universal City, California

Sponsored by AAP California Chapter 2

CONTACT INFORMATION (PLEASE PRINT)

Name _____
FIRST MI LAST DATE

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ ABP ID _____

Email _____

ATTENDEE PROFILE (PLEASE MARK)

MD DO RN NP PA-C OTHER _____

SYMPOSIUM REGISTRATION SATURDAY, MARCH 2 (PLEASE CIRCLE TUITION AMOUNT)

| TUITION FEE | EARLY BIRD (by February 3 rd at midnight) | BY MARCH 1 | AT-THE-DOOR |
|--|---|----------------------|----------------------|
| Physician Member (AAP CA Chapter 2 only) | \$169. ⁰⁰ | \$230. ⁰⁰ | \$290. ⁰⁰ |
| Physician Non-Member* | \$225. ⁰⁰ | \$300. ⁰⁰ | \$350. ⁰⁰ |
| Pediatric Residents (by circling the tuition amount to the right, "I attest that I am currently a Resident") | \$75. ⁰⁰ | \$100. ⁰⁰ | \$150. ⁰⁰ |
| Medical Students | \$50. ⁰⁰ | \$99. ⁰⁰ | \$150. ⁰⁰ |
| Allied Health Professionals | \$169. ⁰⁰ | \$190. ⁰⁰ | \$225. ⁰⁰ |
| Physician Emeritus & Retired | \$169. ⁰⁰ | \$190. ⁰⁰ | \$225. ⁰⁰ |

*Join the Chapter after 30-day Member Rate plus \$100 to Join AAP-CA2

BREAKOUT SESSIONS (PLEASE CHOOSE ONE FOR EACH SESSION)

Session #1 _____ Session #2 _____

- I am seeking MOC Part 2 credit. Please provide your ABP ID _____
- Special dietary requests _____

MINDFULNESS SESSION (COMPLIMENTARY, pre-registration required to attend)

- I plan on attending.

THREE WAYS TO REGISTER (PLEASE SELECT ONE)

1. ONLINE Visit our website at www.aapca2.org
2. BY MAIL (check / credit card) Mail completed registration form with check or credit card information to: (Make check payable to "AAP-CA2")
AAP-CA2 - PO Box 94127, Pasadena CA 91109

3. BY FAX (with credit card) Fax completed registration form and credit card information to: 1-888-838-1987

I have enclosed a check (payable to AAP CA2) in the amount of: \$ _____

Please charge my credit card: Mastercard Visa \$ _____

Credit Card # _____ Exp. Date _____

Signature _____

Name (as it appears on credit card) _____

Credit card billing address (if different than above) _____

Security Code (last 3-digits on back of card) _____

Zip Code (of billing address) _____ Cannot be processed without zip code

We encourage you to invite colleagues or organize a reunion with your alumni.