

# ADVANCE REGISTRATION FORM

AAP-CA2 ADVANCES IN PEDIATRICS | FEBRUARY 26, 2022

*Los Angeles, California*

Sponsored by the UCLA Child and Family Health Leadership Training Program

## CONTACT INFORMATION (PLEASE PRINT)

FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_ DATE \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## ATTENDEE PROFILE (PLEASE MARK)

DO  RN  NP  PA-C  OTHER \_\_\_\_\_

## SYMPOSIUM REGISTRATION SATURDAY, FEBRUARY 26 (PLEASE CIRCLE TUITION AMOUNT)

**Note: Parking is included with paid tuition only.**

TUITION FEE (PLEASE CIRCLE ONE)	EARLY BIRD (by February 13th at midnight)	AFTER FEBRUARY 14TH
Physician, Chapter Member	\$169. <sup>00</sup>	\$225. <sup>00</sup>
Physician Non-Member*	\$225. <sup>00</sup>	\$281. <sup>00</sup>
Pediatric Resident (by circling the tuition amount to the right, "I attest that I am currently a Resident")	free	free
Medical Student	free	free
Allied Health Professional	\$169. <sup>00</sup>	\$200. <sup>00</sup>
Physician Emeritus & Retired	\$169. <sup>00</sup>	\$200. <sup>00</sup>

\* Join the Chapter option: Pay Member Rate plus \$99 to Join AAP-CA2.

I am seeking MOC Part 2 credit. Please provide your ABP ID \_\_\_\_\_

## THREE WAYS TO REGISTER (PLEASE SELECT ONE)

- ONLINE** Visit our website at [www.aapca2.org](http://www.aapca2.org)  
**Online registration opens January 9th, 2022**
- BY MAIL** (check / credit card) Mail completed registration form with check or credit card information to: **AAP-CA2 - PO Box 94127, Pasadena CA 91109**  
(Make check payable to "AAP-CA2")
- 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