

ADVANCE REGISTRATION FORM

ADVANCES IN PEDIATRICS | APRIL 28, 2018

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 _____

→ RECEPTION REGISTRATION FRIDAY, APRIL 27 6:30 - 8:30 PM

☐ I will attend (Add \$15)

Supported by
 Abbott
Nutrition

→ SYMPOSIUM REGISTRATION SATURDAY, APRIL 28 (PLEASE CIRCLE TUITION AMOUNT)

TUITION FEE

	EARLY BIRD (by March 20 th at midnight)	BY APRIL 27 TH	AT-THE-DOOR
Physician Member (AAP CA Chapter 2 only)	\$159. 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	\$99. ⁰⁰	\$150. ⁰⁰
Medical Students	\$50. ⁰⁰	\$99. ⁰⁰	\$150. ⁰⁰
Allied Health Professionals	\$159. ⁰⁰	\$199. ⁰⁰	\$225. ⁰⁰
Physician Emeritus & Retired	\$159. ⁰⁰	\$199. ⁰⁰	\$225. ⁰⁰

* Join the Chapter option: Pay Member Rate plus \$99 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.