

ADVANCES IN THE PRACTICE OF PEDIATRICS: SAN DIEGO 2018

Registration Form

MD (subspecialty) _____
 Resident
 Fellow
 RN
 NP
 PA
 DO
 Other

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Country: _____

E-mail: _____ Phone: () _____ Fax: () _____

Registration Fee: (Please check appropriate box)	On or before 02/13/2018	After 02/14/2018
<input type="checkbox"/> Physician	\$525	\$625
<input type="checkbox"/> Allied Health Professionals (PA/NP/RN/Retired Physician)	\$350	\$425
<input type="checkbox"/> Medical Resident / Medical & Nursing Student (w/letter)	\$225	\$300
<input type="checkbox"/> RCHSD Medical Staff & Affiliated Physicians / AAP CA-3 Members	\$425	\$525
<input type="checkbox"/> RCHSD Allied Health (PA/NP/RN/Retired Physician)	\$250	\$325
<input type="checkbox"/> Daily Rate	\$275	\$300
<input type="checkbox"/> Optional Friday Hands-On Simulation Course	\$175	\$175

REGISTER ONLINE at www.PedsConference.com

Method of Payments: All payments must be in US \$, drawn on a U.S. bank, and received prior to the conference.

Check: Make payable to RCHSD/CME. Federal Tax ID #95-1691313

Credit Card: Charge US \$ _____ to the following card: VISA MasterCard

Charge Card #: _____ Exp. Date (MM/YY): _____ 3 Digit Security Code: _____

Cardholders Name: _____ Signature: _____

Mail To: Rady Children's Hospital-San Diego
Continuing Medical Education (CME)
3020 Children's Way, Mail Code 5017
San Diego, CA 92123

QUESTIONS: Contact: cme@rchsd.org
Telephone: (858) 966-4072
Fax: (858) 966-8018

Cancellation Policy: Conference registration cancellations received by February 28, 2017 will be subject to an administrative charge of \$75.00. There will be no refunds for cancellations after March 1, 2017. All cancellations must be in writing. Send to: cme@rchsd.org.