

Pediatric Potpourri®: State of the Art 2013

February 9-15, 2013 • Hyatt Regency Maui • Hawaii

CONFERENCE REGISTRATION



• [Click here to register online](#)

• [Click here to add/update your mailing list information online](#)

Name: _____ MD Other _____

Specialty: Pediatrics AAP# _____ Family Medicine AAFP# _____
 Other _____

Address: _____

City/State/Zip: _____

Primary Phone: _____ Office Home Cell Other

Secondary Phone: _____ Office Home Cell Other

Additional Phone: _____ Office Home Cell Other

Fax: _____ Email: _____

<u>Tuition:</u>	<i>Special Past Conference Attendee Registration by Oct. 1, 2012</i>	<i>Early Registration by Nov. 15, 2012</i>	<i>General Registration after Nov. 15, 2012</i>
<input type="radio"/> Physician	N/A	<input type="checkbox"/> \$805	<input type="checkbox"/> \$855
<input type="radio"/> Past Physician Registrant	<input type="checkbox"/> \$730	<input type="checkbox"/> \$755	<input type="checkbox"/> \$805
<input type="radio"/> CHLA Staff/Alumni	<input type="checkbox"/> \$720	<input type="checkbox"/> \$745	<input type="checkbox"/> \$795
<input type="radio"/> AAP CA Dist. IX, Chap. 2	<input type="checkbox"/> \$720	<input type="checkbox"/> \$745	<input type="checkbox"/> \$795
<input type="radio"/> *Resident	<input type="checkbox"/> \$520	<input type="checkbox"/> \$545	<input type="checkbox"/> \$595
<input type="radio"/> Retired Physician	<input type="checkbox"/> \$520	<input type="checkbox"/> \$545	<input type="checkbox"/> \$595
<input type="radio"/> Non-Physician (NP, PA, etc.)	<input type="checkbox"/> \$520	<input type="checkbox"/> \$545	<input type="checkbox"/> \$595

* A letter from the Chief of Staff must accompany registration for reduced Resident/Intern tuition. Full tuition will be charged if not pre-registered.

Activities:

Please send information when available

Total: Tuition: \$ _____

Check enclosed (payable to "Childrens Hospital Los Angeles Medical Group" or "CHLAMG")

Credit Card: Visa MasterCard Am Ex Discover

Card No: _____ Security code: _____ Exp Date: _____

Name on Card: _____ Signature: _____

Billing address: _____

Cancellation Fees: Prior to Jan. 1, 2013 \$50 Jan. 1 – Feb. 1, 2013: \$125 After Feb. 1, 2013: \$200
Activities: No Refunds

Return your completed registration form to:

Children's Hospital Los Angeles Medical Group

ATTN: Pediatric Potpourri® 2013 • 6430 Sunset Blvd., Suite 600 • Los Angeles, CA 90028-7909

800.3.KID.CME (800.354.3263) or 323.361.2752 • Fax: 323.361.5068 • CME Email: pediatricCME@ymail.com

www.ChildrensHospitalLAMedicalGroup.org