

REGISTRATION FORM

SPECIALTY REVIEW IN PEDIATRIC CARDIOLOGY

August 13-17, 2018 • Holiday Inn Mart Plaza River North, Chicago

Sponsored by the American Academy of Pediatrics
in collaboration with the Society of Pediatric Cardiology Training
Program Directors

Registration is limited. Register by June 15, 2018 for best rates.

PediatricCardiologyCourse.com

Register by one of the following options:

Online at: shop.aap.org/live-activities

Call toll-free: 866-843-2271

(Outside the United States and Canada, call 847/434-4000, option 3)

Fax this form to: 847-228-5059

Mail this form with payment to:

American Academy of Pediatrics/Registration

PO Box 776442

Chicago, IL 60677-6442

PLEASE TYPE OR PRINT

NAME

First

Middle Name/Initial

Last (Surname)

MD, DO, Other (specify)

ADDRESS 1

ADDRESS 2

CITY

STATE/
PROVINCE

ZIP/POSTAL
CODE

COUNTRY,
IF NOT U.S.

E-MAIL ADDRESS

DAY PHONE

CELL PHONE

EMERGENCY CONTACT (in the event of emergency during the course): NAME

PHONE

AAP MEMBER ID NUMBER

PLEASE INDICATE ANY SPECIAL NEEDS (e.g., dietary restrictions/allergies, breastfeeding accommodations, physical disabilities):

REGISTRATION FEES (U.S. Currency)

On or Before
June 15

After
June 15

AMOUNT DUE

AAP MEMBER FEES

AAP Post-Residency Training Member or Resident Member

\$1,200

\$1,300

\$ _____

AAP Fellow, International, or Candidate Member

\$1,500

\$1,600

\$ _____

NON-MEMBER FEES

Fellow-in-Training or Resident

\$1,500

\$1,600

\$ _____

Allied Health (Nurse, Nurse Practitioner, Physician Assistant, etc.)

\$1,200

\$1,300

\$ _____

Physician

\$1,600

\$1,700

\$ _____

OPTIONAL PURCHASES

SL1 Course Materials in Hard-copy/Paper Format

All registrants will receive online access to course materials. This optional purchase is for those who also wish to receive materials in hard-copy/paper format.

Order by July 20
to guarantee availability
\$250

\$ _____

S1 Watch-It-Again!

Option to re-watch the entire course. Access will be available beginning two weeks following the course and remain available for three years.

*Post course purchases can be made at <https://aap.ondemandcme.com>

On or before
August 10
\$175

Onsite or Post
Course*
\$250

\$ _____

TOTAL AMOUNT DUE: \$ _____

PAYMENT INFORMATION (FULL PAYMENT MUST ACCOMPANY THIS FORM)

CREDIT CARD: Visa MasterCard American Express Discover

CARD NUMBER _____ EXPIRATION DATE _____

PRINT NAME AS IT APPEARS ON CARD _____

CHECK (Payable to American Academy of Pediatrics, United States only): CHECK NUMBER _____ CHECK AMOUNT _____

CANCELLATION POLICY

Cancellation notifications must be submitted in writing, by email, fax, mail to AAP:

Email: registration@aap.org • Fax: 847-228-5059 • Mail: American Academy of Pediatrics/Registration, 345 Park Blvd, Itasca, IL 60143

All refunds are subject to a minimum \$75 processing fee. Cancellations received between June 15 and August 1, 2018, are subject to a deduction of \$150. No refunds will be issued for requests received after August 1, or for non-attendance.

The AAP cannot be responsible for expenses incurred by an individual who is not confirmed and for whom space is not available at this course. Costs incurred, such as airline or hotel penalties, are the responsibility of the individual. The AAP reserves the right to cancel this activity due to unforeseen circumstances or to limit enrollments, should attendance exceed capacity.