AACPDM 70TH ANNUAL MEETING REGISTRATION FORM

Early Bird Deadline: August 10, 2016 **Registration Deadline: August 28, 2016**
You may also register online at www.aacpdm.org **After August 28, you may register on-site only.**

Please print or type clearly. This is how your information will appear on your name badge.

Name: First/Given _____ Last/Family _____ Degree(s), Designation _____

Company/Institution Name _____

Address _____

City, State or Province, Postal Code, Country _____

Phone _____ Email _____

Please indicate any Special Needs (accessibility, diet, other) : _____

Continuing Medical Education CME/CEU: Please select all that apply: ☐ MD ☐ PT ☐ OT ☐ RN ☐ Certificate of Attendance

Annual Meeting Base Registration Rates	**Early Bird Registration** **By August 10**	**Advance Registration** **August 11-28**	**Onsite Registration**
AACPDM Member: ID #_____	$485	$585	$615
Residents of Florida may receive the AACPDM Member rates listed above. Write FL in the Member ID space above.			
Member Bundled Registration (Members only) ID#_____ Members can register for optional courses and special events in one single, discounted payment.	$700	Rate includes 3 Breakfast Sessions, 3 ICs, and the Networking Dinner. Available for a limited time!	
Non-Member	$620	$740	$765
Person or family member of person with a disability* (Contact info@aacpdm.org for single day rates)	$295	$350	$450
Full-Time Student (must include verification letter)	$185	$215	$290
One Day Pass: Day attending: _____ (if more than one day, must pay full registration fee)	$225	$300	$325
Accompanying Guest	$165	$165	$190
Guest Name:_____ (this name will appear on the name badge)			
Guest rates cover Social Events: Welcome Reception, Wine & Cheese Poster and Exhibit Review, and Networking Dinner			

* Person or family member of person with a disability: This discounted base registration fee is reserved exclusively for people with a disability or family members of a person with a disability and is not intended for medical professionals. Individuals interested in registering under this category typically are:
- Persons with cerebral palsy or other childhood-onset disabilities and their families
- Employees or volunteers for a patient advocacy or charitable organization
- Persons not part of organizations that offer CME/CEUs for professionals

Note: Individuals registered under this category are not eligible to receive CME/CEU credit for their attendance at the Annual Meeting

Which ONE of the following best describes your primary area of practice?

☐ Administration	☐ Internal Medicine	☐ Pediatric Neurology
☐ Certified Orthotist	☐ Kinesiology	☐ Pediatrics
☐ Dentistry	☐ Neurodevelopmental Disabilities	☐ Physical Medicine & Rehabilitation
☐ Developmental and Behavioral Pediatrics	☐ Neurology	☐ Physical Therapy
☐ Dietition/Nutrition	☐ Neurosurgery	☐ Psychiatry
☐ Education	☐ Nursing	☐ Psychology
☐ Engineering	☐ Obstetrics & Gynecology	☐ Speech
☐ Family Practice	☐ Occupational Therapy	☐ Other _____
☐ General Medicine	☐ Ophthamology	_____
☐ General Surgery	☐ Orthopaedic Surgery	
☐ Hand Surgery	☐ Orthotics	

Please select additional courses and special events on next page.

Which of the following best describes your type of work? (Choose as many as apply.)

☐ Administration	☐ Public Policy/Advocacy
☐ Clinical Practice	☐ Research and Development
☐ Education	☐ Other _____

Session/Event Registration Fees

Tuesday, September 20, 2016

☐ Orthopedic Day Symposium ($120)

Wednesday, September 21, 2016

☐ Ultrasound Symposium ($200) 8:00 AM – 5:00 PM

Pre-Conference Sessions ($75): Select ONE 1:00 PM – 5:00 PM

☐ PC 1: Early Detection and Diagnosis of High-risk of Cerebral Palsy and Cerebral Palsy: International Recommendations

☐ PC 2: Pain in CP: Reflections on Identification, Management, and Prevention

☐ PC 3: Neurosurgical Management of Childhood Spasticity

☐ Welcome Reception (Free: Must register)

Yes, I plan on attending the Welcome Reception, and my ____ guest(s) will be accompanying me.

Thursday, September 22, 2016

Breakfast Session ($35) Please note attendance is limited. (Rank 1st, 2nd & 3rd choice)

BRK1____ BRK 2____ BRK 3____ BRK 4____ BRK 5____

BRK 6____ BRK 7____ BRK 8____ BRK 9____ BRK 10____

Instructional Courses ($50) Select ONE.

IC1 - IC13 IC#_____

☐ Membership Business Meeting & Boxed Lunch (Free: Must register, and must be an AACPDM member)

Friday, September 23, 2016

Breakfast Session ($35) Please note attendance is limited. (Rank 1st, 2nd & 3rd choice)

BRK 11____ BRK 12____ BRK 13____ BRK 14____ BRK 15____

BRK 16____ BRK 17____ BRK 18____ BRK 19____

Instructional Courses ($50) Select ONE.

IC14 - IC25 IC#_____

☐ International Networking Luncheon ($45 non CME)

☐ Ipsen Presentation Theater (Free: Must register, non CME)

☐ Networking Dinner ($75)

Saturday, September 24, 2016

Breakfast Session ($35) Please note attendance is limited. (Rank 1st, 2nd & 3rd choice)

BRK 20____ BRK 21____ BRK 22____ BRK 23____ BRK 24____

BRK 25____ BRK 26____ BRK 27____ BRK 28____

Instructional Courses ($50) Select ONE.

IC26 - IC37 IC#_____

Be an Angel Wing Supporter and donate today!

Help support young investigators or colleagues outside North America to attend the AACPDM Annual Meeting by giving them "Wings"!
As an Angel Wing Supporter, your donation will assist in funding the AACPDM Student and International Scholarships!
Please consider a small one-time donation of $25 to offer the opportunity to other researchers and clinicians to attend the meeting when they otherwise would have to decline due to a limited or no travel budget. These travel scholarships are provided to abstract presenters that have submitted an accepted abstract to the meeting.

TOTAL REGISTRATION

Basic Registration Fee	$_____
Accompanying Guest(s)	$_____
Orthopedic Day ($120)	$_____
Ultrasound All-day Pre-Course ($200)	$_____
Pre-Conference Session ($75)	$_____
Breakfast Sessions (Maximum of 3) ($35 each)	$_____
Instructional Courses (Max of 3) ($50 each)	$_____
International Networking Luncheon ($45)	$_____
Networking Dinner ($75)	$_____
AACPDM Scholarship Donation (optional)	$_____
TOTAL DUE	$_____

Payment Information

Please make checks payable to AACPDM in US Dollars or provide credit card information.

☐ Check enclosed

☐ VISA ☐ MC ☐ AMEX ☐ Discover

Card Number _____/_____/_____/_____

Expiration Date _____/_____

Signature: _____

Registration Deadline: All registration forms must be received in the AACPDM office by August 28, 2016. After that date, registrations will only be accepted on site at the Annual Meeting.

Submission Information

Online: Register online at www.aacpdm.org/meetings/2016

Fax: Please fax this registration form along with credit card payment to the AACPDM Office at (414)276-2146.

Mail: Please mail this form with appropriate check or credit card payment to:

AACPDM
555 E. Wells Street, Suite 1100
Milwaukee, WI 53202
Email: info@aacpdm.org

Cancellation Policy: Attendee Cancellation Policy: All requests for cancellation must be received in writing by August 31, 2016. A 75% refund will be granted for requests received before this date. No refunds will be granted after August 31, 2016. All refunds will be processed after the meeting takes place. Provider Cancellation Policy: Cancellations of the annual meeting activities by the AACPDM will result in all pre-registered attendees receiving a 100% refund.

A confirmation of your registration will be mailed to you within 14 business days of receipt of your form. If you do not receive a confirmation within 14 days, please call the AACPDM Office at (414) 918-3014 or email info@aacpdm.org.