Register Today!

The Twenty-Ninth Annual
INFECTIOUS DISEASES IN CHILDREN® SYMPOSIUM

November 19-20, 2016 • Sheraton New York Times Square Hotel

IDCNewYork.com

Mail this form to:
ATTN: Registration Department
IDC New York 2016
6900 Grove Road
Thorofare, NJ 08086-9447
Fax this form to: 856-251-0278

Register by phone:
1-877-307-5225, ext. 219 or ext. 476
or 856-848-1712, ext. 219 or ext. 476
Office Hours: 9:00 am – 5:00 pm, ET | Monday – Friday
Email questions to: registration@contactAMS.com

PRIORITY CODE: 708-900

Meeting Registration Form

First/Given Name | Middle Initial | Last/Family Name | Suffix | Degree | NPI Number

Address

City | State/Province | Country | Zip/Postal Code

Phone (work) | Phone (mobile) | Email

Profession:
- ❑ Physician
- ❑ Resident
- ❑ Nurse Practitioner
- ❑ Nurse
- ❑ Other: _____

Primary Specialty:
- ❑ Pediatrics
- ❑ Adolescent Medicine
- ❑ Family Practice/General Practice
- ❑ Infectious Disease
- ❑ Other: _____

Subspecialty/Area of Interest
- ❑ Adolescent Medicine
- ❑ Allergy, Asthma & Immunology
- ❑ Dermatology
- ❑ Developmental and Behavioral Medicine
- ❑ Emerging Diseases
- ❑ Gastrointestinal Conditions
- ❑ General Pediatrics
- ❑ Internal Medicine
- ❑ Respiratory Infections
- ❑ Vaccine-preventable Diseases
- ❑ Other: _____

CME Activity Request:

❑**YES**, I would like the opportunity to earn CME credits through future activities provided by Vindico Medical Education.

How did you hear about this meeting? *(please select all that apply)*

❑ Print Advertisement ❑ Email ❑ Exhibit Booth ❑ Internet Search ❑ Letter ❑ Word of Mouth ❑ Post card ❑ Flyer ❑ Brochure ❑ I'm a Past Attendee ❑ Other: _____

Registration Fee

Categories not listed may register by phone at 1-877-307-5225 ext. 219 or 476. Industry may contact Stephanie Burleigh at 856-848-1712 ext. 337.

Early bird registration		Preregistration		Standard registration	
SAVE UP TO $200 *(on or before August 18)*		**SAVE UP TO $100** *(on or before October 20)*			
❑ A. Physician	**$525**	❑ D. Physician	**$625**	❑ G. Physician	**$725**
❑ B. Nurse/Allied Health Professional	**$395**	❑ E. Nurse/Allied Health Professional	**$475**	❑ H. Nurse/Allied Health Professional	**$575**
❑ C. Resident*	**$405**	❑ F. Resident*	**$475**	❑ I. Resident*	**$575**

*Residents/students must submit a letter of verification at time of registration.

Payment Information

TOTAL $_____

❑ Enclosed is my check payable to "IDC New York 2016" paid in U.S. dollars, drawn on a U.S. bank.

Please bill my: ❑ Visa ❑ MasterCard ❑ American Express

Account Number | Exp. Date | 3-4 Digit Security Code

Name as it Appears on Card | Signature

Special Dietary Request: *Please call 1-877-307-5225 ext. 219 or ext. 476 with your request.*

Refunds: Requests for refunds must be submitted in writing by November 9, 2016. There will be a $200 service charge retained for all refund requests. Requests received after this date will be ineligible for refunds.

ADA Compliance: In compliance with the Americans with Disabilities Act of 1990, we will make all reasonable efforts to accommodate persons with disabilities. Please call with your requests.

Dress Code: Business attire.
Federal ID #: 30-0747466

15-1792

Hotel Reservations

Sheraton New York Times Square Hotel
811 7th Avenue
New York, NY 10019

Call: 888-627-7067
Reservation Deadline: October 18, 2016
Room Rate: Single/Double $329

Refer to the "IDC New York Meeting" when reserving your room to take advantage of the reduced rate for attendees.

Note: Reduced room rates do not guarantee room availability with the hotel. After October 18, 2016, room rates will be based on availability. Hotel rates are per room, per night and do not include tax/service. Currently, a 14.75% sales tax and a $3.50 per room, per night occupancy tax are applicable to the room rate. Such taxes are subject to change without notice.