Care of the Medically Complex Child 2019 Conference
August 9, 2019 | 7:30 a.m. to 5:00 p.m.
Registration Form
(paying by CHECK ONLY)

First name: _____

Last name:_____

Title/Degree: _____

Address: _____

City: _____ State: _____

Zip:_____ Phone:_____

Email address: _____

Last four digits of SSN: _____ Date and month of birth:_____

Place of employment: _____

Practice Type: _____

Practice city/state:_____

Please indicate your meal preference:

- ☐ Regular
- ☐ Vegetarian

List any special dietary restrictions:

_____

Which credits do you plan to claim: **CME** ☐ **CNE** ☐

How did you hear about this conference? _____

_____

Please select your preferred sessions below:

Friday, August 9th 2019

- ☐ Conference Only - $75
- ☐ Vent Training Session Optional - Free

  Cannot be taken without registering for the conference. This hands-on session will cover basic ventilator modes and settings for LTV and Trilogy Ventilators, including alarms, maintenance and management.

Returned Check Policy: An administrative fee of $35 will be charged for all checks returned for insufficient funds.

Cancellation/Refund Policy: Refund requests must be received 7 days prior to the course. Refunds on paid registrations will be issued only for written cancellation requests received by Friday, August 2, 2019. NO REFUNDS WILL BE GRANTED after, Friday, August 2, 2019or for non-attendance.

If paying by check, make checks payable to:

Children's Health

Mail completed registration form to:
Children's Health
Attn: Scott Callahan
2350 N Stemmons Freeway, Ste F6222.02
Dallas, Texas 75207

*You will receive your registration confirmation via email.