Progress in Pediatrics (PIP) Fall 2019

Name _____ Designation _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

CONFERENCE ATTENDANCE

Please circle the appropriate boxes below according to occupation and days/events attending.

Registration	Both Days (Thurs/Fri) CME - 9.0	Thursday Only CME - 3.0	Friday Only CME - 6.0	Thursday Eve. Dinner $15 per person	Total
Pediatrician/Physician	$160	$85	$125	____ x $15	$_____
Pediatrician/Physician (Non-KAAP Member)	$220	$145	$185	____ x $15	$_____
NP/PA/Nurses/Other	$125	$85	$95	____ x $15	$_____
Emeritus Fellows	$90	$70	$70	____ x $15	$_____

** Residents register with your Residency Program Director**

TOTAL FEES: $_____

____ I would like a vegetarian meal option for dinner

Credit Card—*Visa, American Express, MasterCard or Discover accepted*

CARD # _____

EXP. DATE _____ CSC # _____

Print Name (as on card) _____

Billing Address _____

_____

Signature _____

Check: payable to
Kansas Chapter of AAP

Mail/fax completed registration form & payment:

KAAP
PO Box 860481
Shawnee, KS 66286

FAX: 866-519-0365

Any questions, please call 913-530-6265

KANSAS CHAPTER
American Academy of Pediatrics
INCORPORATED IN KANSAS