Progress in Pediatrics (PIP) Spring 2019

Name _____ Designation _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

CONFERENCE ATTENDANCE

Please circle the appropriate boxes below.

Registration	Friday, April 5, 2019 CME - 6.0	Total
Pediatrician/Physician	$115	$_____
Pediatrician/Physician (Non-KAAP Member)	$175	$_____
NP/PA/Nurses/Other	$85	$_____
Emeritus Fellows	$60	$_____

** Residents register with your Residency Program Director**

TOTAL FEES: $_____

____ I would like a vegetarian meal option for lunch

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