7th ANNUAL SCIENTIFIC SESSIONS OF THE CARDIAC NEURODEVELOPMENTAL OUTCOME COLLABORATIVE

June 6-8, 2018

The Westin Kansas City at Crown Center in collaboration with **Children's Mercy Kansas City • Kansas City, Missouri**

One form per registrant. PLEASE PRINT ~ ALL FIELDS ARE REQUIRED

Name _____
Last Name First Name Middle Initial Credentials

Mailing Address _____

City _____ State _____ ZIP _____

Institution _____ City/State _____

Position or Title _____ Specialty _____

Office Phone ( ) _____ Alternate Phone ( ) _____

Fax ( ) _____ Email* _____

**E-mail required for confirmation.* *If you have not received a confirmation email within seven days of submitting this form, contact cnoc@societyhq.com.*

Registration Fees

	Through May 8	After May 8	
If you ARE from a CNOC Member Institution:			
❑ Member Physician	$395	$495	$ _____
❑ Member Allied Health (nurses, psychologists, therapists, etc.)	$295	$395	$ _____
❑ Member Associate (in training)	$175	$225	$ _____
If you are NOT from a CNOC Member Institution:			
❑ Non-member Physician	$495	$595	$ _____
❑ Non-member Allied Health (nurses, psychologists, therapists, etc.)	$345	$445	$ _____
❑ Non-member Associate (in training)	$225	$275	$ _____
Pre-conference Workshops (choose 1)			
Wednesday, June 6, 1:00-3:30 pm	$50	$75	$ _____

- ❑ PCW1 - Congenital Heart Disease 101: Congenital Heart Disease, Cardiopulmonary Bypass and Surgical Treatment Explained for Psychologists, Therapists and Others
- ❑ PCW2 - What Do Neurodevelopmental and Neuropsychological Evaluations Tell Us? A Comprehensive Review for the Cardiologist, Cardiac Nurse and Cardiac Surgeon

❑ I will bring ____ guests at $25 each to the Welcome Reception on June 6. $ _____
Names of guest(s): _____
(Welcome Reception is complimentary for delegates.)

❑ Celebration Dinner, June 7 #____ at $25 each for attendees and their guests. $ _____
(Capacity is limited.)
Names of guest(s): _____

❑ I will attend the Host Hospital Tour after the conference ends on Friday, June 8.
(Complimentary with catered lunch, but capacity is limited.)

❑ I have read and agree to the Refund Policy below.

TOTAL AMOUNT DUE $ _____

❑ I require special assistance because of a disability or have dietary restrictions: _____

Choose one Breakout Session for each day.

Concurrent Breakout Sessions

Included with registration fee. Must be selected to complete registration.

Thursday, June 7, 10:30 am-12:00 pm

- ❑ A – Assessing Wellness During Follow-up
- ❑ B – Improving Outcomes During Critical Illness

Friday, June 8, 7:00 am-8:00 am

- ❑ C – Structuring and Financing a Comprehensive Neurodevelopmental Program
- ❑ D – Transitioning ND Care from Inpatient to Outpatient: Integrated Models of Care
- ❑ E – Neurologic Sequelae of CHD: Common Clinical Findings and Diagnostic Studies in the Cardiac Patient
- ❑ F – Genetics and Genomics in Cardiac Neurodevelopment

Celebration Dinner hosted and underwritten by Children's Mercy Kansas City

Payment

❑ Check (US currency) payable to CNOC ❑ Credit Card Payment: ❑ VISA ❑ MasterCard ❑ Discover ❑ AMEX

Credit Card No. _____ Exp. Date _____ CVV Security Code _____

Billing Address _____ Billing Zip Code _____

Signature _____ Printed Name on Card _____

Refund Policy: 80% refund through 5/8/18; no refunds after 5/8/18. Refunds will be determined by the date the written cancellation request is received. All cancellations must be in writing. Contact the CNOC headquarters with any questions.

CNOC | 2209 Dickens Road | Richmond, VA 23230-2005 | Phone (804) 565-6397 | Fax (804) 282-0090 | cnoc@societyhq.com | www.cardiacneuro.org