FOURTH

Annual Meeting

MARCH 2, 2017 • JW MARRIOTT • AUSTIN, TEXAS

PROGRAM REGISTRATION

REGISTER ONLINE AT WWW.PEDSPAINMEDICINE.ORG!

If paying by check, please make checks payable to **SPA** and mail to:
2209 Dickens Road, Richmond, VA 23230-2005; Phone: (804) 282-9780; Fax: (804) 282-0090

PLEASE PRINT OR TYPE

Name_____ Degree_____ First Name for Badge _____
Last First MI

Preferred Mailing Address _____

City / State / Zip _____ Email Address* _____

Office Phone_____ Home Phone_____ Fax # _____

Accompanying Person(s) Name(s)_____

*E-mail REQUIRED for registration confirmation.

	Through 2/3/2017	After 2/3/2017
❒ **SPPM/SPA Member**	**$295**	**$345**
❒ **Non-Member Physician**	**$345**	**$395**
❒ **Allied Health (PA, CRNA, NP, RN)**	**$295**	**$345**
❒ **Resident ❒ Fellow Member**	**$50**	**$75**
❒ **Resident ❒ Fellow Non-Member**	**$75**	**$100**
❒ **PBLD Choice: #1____ #2_____ #3_____** *Refer to the Mobile Meeting Guide for details. Enter your first, second and third choices above.*	**$25**	**$25**
❒ **Creating the Ideal Pediatric Pain Management Service**	**$70**	**$90**
❒ **NEW! Ultrasound Guided Pediatric Chronic Interventional Pain**	**$85**	**$105**
❒ **NEW! SPPM Workshop: Research Workshop**	**$35**	**$50**
❒ **SPA Integrating Acupuncture in Pediatric Perioperative Care and Pain Medicine Workshop**	**$70**	**$90**
❒ **SPA Advanced Ultrasound Guided Regional Anesthesia Workshop**	**$240**	**$275**

If applying for SPPM Membership, please complete Membership Application, and send with this Registration Form to:
SPPM, 2209 Dickens Road, Richmond, VA 23230-2005
(Credit Card payments may be faxed to 804-282-0090)

❒ Personal Check ❒ VISA ❒ MasterCard ❒ American Express ❒ Discover

Card No_____ CVV Code: _____ Exp. Date_____

Signature _____ Printed Name on Card _____

Credit Card Billing Address: _____ Credit Card Zip Code: _____

Please note that if you choose to pay by credit card, your statement will reflect a payment to the Society for Pediatric Anesthesia.

Refund Policy: For Workshops, Scientific Meeting and PBLD's, a full refund through 2/3/2017; 50% refund from 2/3 - 2/17/2017; no refunds after 2/17/2017. Refunds will be determined by date ***written*** cancellation is received.

IF YOU DO NOT RECEIVE A CONFIRMATION E-MAIL FROM THE SPPM WITHIN 30 DAYS OF SUBMITTING YOUR REGISTRATION, PLEASE CALL/EMAIL THE OFFICE TO CONFIRM THAT YOUR REGISTRATION MATERIAL HAS BEEN RECEIVED.