

Pediatrics in the Islands ... Clinical Pearls 2019

June 29-July 5, 2019 • Sheraton Maui Resort & Spa • Hawaii

CONFERENCE REGISTRATION

Online registration will be available by August 15, 2018.

Name: _____ ☐ MD ☐ Other _____

Specialty: ☐ Pediatrics AAP# _____ ☐ Family Medicine AAFP# _____
☐ Other _____

Address: _____

City/State/Zip: _____

Primary Phone: _____ ☐ Office ☐ Home ☐ Cell ☐ Other

Other Phone: _____ ☐ Office ☐ Home ☐ Cell ☐ Other

Email (please include, receipt will be sent via email): _____

Tuition:

Early Registration by April 1, 2018

General Registration after April 1, 2018

- | | | |
|--|--------------------------------|--------------------------------|
| ☐ Physician | ☐ \$925 | ☐ \$975 |
| ☐ Past Physician Registrant | ☐ \$875 | ☐ \$925 |
| ☐ CHLA Staff/Alumni | ☐ \$865 | ☐ \$915 |
| ☐ AAP CA Dist. IX, Chap. 2 | ☐ \$865 | ☐ \$915 |
| ☐ *Resident | ☐ \$665 | ☐ \$715 |
| ☐ Retired Physician | ☐ \$665 | ☐ \$715 |
| ☐ Non-Physician (NP, PA, RN, etc.) | ☐ \$665 | ☐ \$715 |

* A letter from the Chief of Staff must accompany registration for reduced Resident/Intern tuition. Full tuition will be charged if not pre-registered.

Previous Attendees: If you register by **February 15, 2019**, you are eligible for a \$25 discount off the Early Registration fees listed above. To be eligible for this discount you must register online and you must have attended one or our three annual Hawaii conferences: Pediatric Potpourri®: State of the Art (February, Maui), Pediatrics in the Islands ... Clinical Pearls (June/July, Maui) and Aloha Update: Pediatrics® (October, Kauai).

Guest Pass: If you would like your guest(s) to join you for the conference continental breakfast, June 30-July 4, 7:00-7:30 am.

_____ @ \$150 per adult/teen (13 & over) = \$ _____

_____ @ \$75 per child, 12 & under = \$ _____

Old Lahaina Luau: ☐ Please send information when available

Total: Tuition: \$ _____ + Guest Pass(es): \$ _____ = Total: \$ _____

☐ Check enclosed (payable to "Children's Hospital Los Angeles Medical Group" or "CHLAMG")

Credit Card: ☐ Visa ☐ MasterCard ☐ Am Ex ☐ Discover

Card No: _____ Security code: _____ Exp Date: _____

Name on Card: _____ Signature: _____

Billing address: _____

Cancellation Fees: Prior to April 15, 2019: \$50 April 15-May 15, 2019: \$125
Note: No post-conference refunds

After May 15, 2019: \$200
Activities: No Refunds

Return your completed registration form to:

Children's Hospital Los Angeles Medical Group

ATTN: Pediatrics in the Islands 2019 • 3701 Wilshire Blvd., Suite 600 • Los Angeles, CA 90010
800.3.KID.CME (800.354.3263) or 323.361.2752 • Fax: 323.925.7490 • **CME Email:** pediatricCME@ymail.com

www.chla.org/cme-conferences