

# Aloha Update: Pediatrics® 2018

October 20-26, 2018 • Grand Hyatt Kauai Resort & Spa • Hawaii

## CONFERENCE REGISTRATION

[Click here to register online](#)

Name: \_\_\_\_\_  MD  Other \_\_\_\_\_

Specialty:  Pediatrics AAP# \_\_\_\_\_  Family Medicine AAFP# \_\_\_\_\_  
 Other \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Office  Home  Cell  Other

Secondary Phone: \_\_\_\_\_  Office  Home  Cell  Other

Additional Phone: \_\_\_\_\_  Office  Home  Cell  Other

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

### Tuition:

*General Registration  
after **July 15, 2018***

- |  |                                |
|--|--------------------------------|
| <input type="radio"/> Physician  | <input type="checkbox"/> \$955 |
| <input type="radio"/> Past Physician Registrant                            | <input type="checkbox"/> \$905 |
| <input type="radio"/> CHLA Staff/Alumni <b>OR</b> AAP CA Dist. IX, Chap. 2 | <input type="checkbox"/> \$895 |
| <input type="radio"/> *Resident  | <input type="checkbox"/> \$695 |
| <input type="radio"/> Retired Physician                                    | <input type="checkbox"/> \$695 |
| <input type="radio"/> Non-Physician (NP, PA, RN, etc.)                     | <input type="checkbox"/> \$695 |

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

**Guest Pass:** If you would like your guest(s) to join you for the conference continental breakfast, Oct. 21-25, 7:00-7:30 am.

# \_\_\_\_\_ @ \$170 per adult/teen (13 & over) = \$ \_\_\_\_\_ # \_\_\_\_\_ @ \$85 per child, 12 & under = \$ \_\_\_\_\_

### Smith Family Luau:

**Wednesday, October 24, 2018 – 5:00-9:00 pm**

(Transportation on your own. Conference tuition fee does not include luau admission.)

# \_\_\_\_\_ @ \$86 per adult/teen (14 & over) = \$ \_\_\_\_\_ # \_\_\_\_\_ @ \$17 per child, 3-6 = \$ \_\_\_\_\_

# \_\_\_\_\_ @ \$28 per junior, 7-13 = \$ \_\_\_\_\_ # \_\_\_\_\_ infant(s)/toddler(s) (2 and under), Free

### Total:

Tuition: \$ \_\_\_\_\_ + Guest Pass(es): \$ \_\_\_\_\_ + Luau: \$ \_\_\_\_\_ = 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: \_\_\_\_\_

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**Cancellation Fees:** Prior to Aug. 15, 2018: \$50 Aug. 15-Sep. 15, 2018: \$125 After Sep. 15, 2018: \$200  
Note: No post-conference refunds Activities: No Refunds

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### Return your completed registration form to:

Children’s Hospital Los Angeles Medical Group  
ATTN: Aloha Update 2018 • 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](http://www.CHLA.org/cme-conferences)