

Aloha Update: Pediatrics® 2019

October 12-18, 2019 • 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

Other Phone: _____ Office Home Cell Other

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

Tuition:

*Early Registration by **July 15, 2019***

*General Registration after **July 15, 2019***

- | | | |
|--|--------------------------------|--------------------------------|
| <input type="radio"/> Physician | <input type="checkbox"/> \$925 | <input type="checkbox"/> \$975 |
| <input type="radio"/> Past Physician Registrant | <input type="checkbox"/> \$875 | <input type="checkbox"/> \$925 |
| <input type="radio"/> CHLA Staff/Alumni | <input type="checkbox"/> \$865 | <input type="checkbox"/> \$915 |
| <input type="radio"/> AAP CA Dist. IX, Chap. 2 | <input type="checkbox"/> \$865 | <input type="checkbox"/> \$915 |
| <input type="radio"/> *Resident | <input type="checkbox"/> \$665 | <input type="checkbox"/> \$715 |
| <input type="radio"/> Retired Physician | <input type="checkbox"/> \$665 | <input type="checkbox"/> \$715 |
| <input type="radio"/> Non-Physician (NP, PA, etc.) | <input type="checkbox"/> \$665 | <input type="checkbox"/> \$715 |

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

Previous Attendees: If you register by **June 1, 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, Oct. 13-17, 7:00-7:30 am.

_____ @ \$170 per adult/teen (13 & over) = \$ _____

_____ @ \$85 per child, 12 & under = \$ _____

Activities: 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 Aug. 1, 2019: \$50 Aug. 1-Sep. 1, 2019: \$125 After Sep. 1, 2019: \$200
Note: No post-conference refunds Activities: No Refunds

Return your completed registration form to:

Children's Hospital Los Angeles Medical Group
ATTN: Aloha Update 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