

Aloha Update: Pediatrics® 2022

October 15-21, 2022 • 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, 2022***

*General Registration after **July 15, 2022***

- | | | |
|--|--------------------------------|----------------------------------|
| <input type="radio"/> Physician | <input type="checkbox"/> \$985 | <input type="checkbox"/> \$1,035 |
| <input type="radio"/> Past Physician Registrant | <input type="checkbox"/> \$935 | <input type="checkbox"/> \$985 |
| <input type="radio"/> CHLA Staff/Alumni | <input type="checkbox"/> \$925 | <input type="checkbox"/> \$975 |
| <input type="radio"/> AAP CA Dist. IX, Chap. 2 | <input type="checkbox"/> \$925 | <input type="checkbox"/> \$975 |
| <input type="radio"/> *Resident | <input type="checkbox"/> \$725 | <input type="checkbox"/> \$775 |
| <input type="radio"/> Retired Physician | <input type="checkbox"/> \$725 | <input type="checkbox"/> \$775 |
| <input type="radio"/> Non-Physician (NP, PA, RN, etc.) | <input type="checkbox"/> \$725 | <input type="checkbox"/> \$775 |

* 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. 16-20, 7:00-7:30 am. The conference continental breakfast includes standard continental breakfast items (juice, pastries and coffee/tea) plus fresh fruit (daily) and a varying selection of yogurt, boiled eggs and dry cereal. It remains open until approximately 8:00 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: _____

Cancellations: Up to September 14, 2022: Full refund of all fees paid. After September 14, 2022: \$200 cancellation fee, no refunds for luau/guest pass(es). No post-conference refunds. Send cancellation request to pedsatricCME@gmail.com.

Return your completed registration form to:

Children's Hospital Los Angeles Medical Group

ATTN: Aloha Update 2022 • 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:** pedsatricCME@gmail.com

www.PediatricCME.org or www.chla.org/cme-conferences