

Pediatrics in the Islands ... Clinical Pearls 2019

June 29-July 5, 2019 • Sheraton Maui 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 April 1, 2019

General Registration after April 1, 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/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, June 30-July 4, 7:00 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, hot oatmeal and dry cereal. It remains open until approximately 8:00 am.

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

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

Old Lahaina Luau:

Wednesday, July 3 — 6:15-9:15 pm

Includes fresh flower lei greeting, bountiful buffet dinner, cocktails (throughout the evening) and entertainment. Price includes tax and gratuity. Transportation is on your own.

_____ @ \$115 per adult/teen (13 & over) = \$ _____ # _____ child(ren) (2 and under), not

_____ @ \$73 per child, 3-13, occupying a seat = \$ _____ occupying a seat, 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: _____

Cancellation Fees: Prior to April 15, 2019: \$50 April 15-May 15, 2019: \$125 After May 15, 2019: \$200
Note: No post-conference refunds 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