

Pediatric Potpourri®: State of the Art 2019

February 2-8, 2019 • Westin Maui Resort & Spa • Hawaii

CONFERENCE REGISTRATION

[Click here to register online](#) [Click here to add/update your mailing list information 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 **Nov. 1, 2018***

*General Registration after **Nov. 1, 2018***

- | | | |
|--|--------------------------------|--------------------------------|
| <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.

Previous attendees: If you register by **September 15, 2018**, 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 be a past attendee at one of 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, Feb. 3-7, 7:00-7:30 am.

_____ @ \$185 per adult/teen (13 & over) = \$ _____

_____ @ \$92.50 per child, 12 & under = \$ _____

Old Lahaina Luau:

Wednesday, February 6 — 5:15-8:15 pm

_____ @ \$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 Dec. 1, 2018: \$50 Dec. 1, 2018-Jan. 1, 2019: \$125 After Jan. 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: Pediatric Potpourri® 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