

Pediatric Potpourri®: State of the Art 2023

February 4-10, 2023 • Hyatt Maui Resort & Spa • Hawaii

CONFERENCE REGISTRATION HERE

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:

*Early Registration
by **Nov. 1, 2022***

*General Registration
after **Nov. 1, 2022***

- | | | |
|--|----------------------------------|----------------------------------|
| <input type="radio"/> Physician | <input type="checkbox"/> \$1,005 | <input type="checkbox"/> \$1,055 |
| <input type="radio"/> Past Physician Registrant | <input type="checkbox"/> \$955 | <input type="checkbox"/> \$1,005 |
| <input type="radio"/> CHLA Staff/Alumni | <input type="checkbox"/> \$945 | <input type="checkbox"/> \$995 |
| <input type="radio"/> AAP CA Dist. IX, Chap. 2 | <input type="checkbox"/> \$945 | <input type="checkbox"/> \$995 |
| <input type="radio"/> *Resident | <input type="checkbox"/> \$745 | <input type="checkbox"/> \$795 |
| <input type="radio"/> Retired Physician | <input type="checkbox"/> \$745 | <input type="checkbox"/> \$795 |
| <input type="radio"/> Non-Physician (NP, PA, RN, etc.) | <input type="checkbox"/> \$745 | <input type="checkbox"/> \$795 |

* A letter from the Chief of Staff must accompany registration for reduced Resident 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, Feb. 5-9, 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 oatmeal. It remains open until approximately 8:00 am.

_____ @ \$202 per adult/teen (13 & over) = \$ _____

_____ @ \$101 per child, 12 & under = \$ _____

Group 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 Jan. 4, 2023: Full refund of all fees paid. After Jan. 4, 2023: \$200 cancellation fee, no refunds for luau/guest pass(es). No post-conference refunds. Send cancellation request to pediatricCME@gmail.com.

Return your completed registration form to:

Children's Hospital Los Angeles Medical Group

ATTN: Pediatric Potpourri® 2023 • 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@gmail.com

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