

Pediatrics by the Sea

June 7-10, 2017

The Ritz-Carlton

Amelia Island, Florida

Registration Form

PLEASE PRINT OR ATTACH BUSINESS CARD

Name: _____


Practice Name: _____ Spouse/Guest: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ *Email: _____

*(Confirmations and links to meeting handouts will be sent via email.)

 *The Chapter has "gone green" by converting to electronic versions only of the speakers' handouts. Registrants will receive a link to the handouts via email two weeks prior to the meeting. Participants can pre-print handouts from the website, or, if they choose, bring their laptops to the session. Join us in our environment-friendly effort.*

Please check if you plan to attend: (Guest/Families are welcome at both receptions.)

☐ Thursday, Welcome Reception, # attending _____

☐ Saturday, President's Reception, # attending _____

Registration Deadline is May 26, 2017

Registration Fee:

- | | | |
|--------------------------|-------------------------------------|-------|
| <input type="checkbox"/> | Members, Georgia Chapter of the AAP | \$385 |
| <input type="checkbox"/> | Other Physicians | \$495 |
| <input type="checkbox"/> | Emeritus Members, GC of the AAP | \$155 |
| <input type="checkbox"/> | Residents | \$55 |
| <input type="checkbox"/> | Medical Students | \$40 |
| <input type="checkbox"/> | Other Clinical Health Professionals | \$260 |

☐ Late or onsite Registration (*add \$50 each if paid after May 26, 2017*)

One Day Rates: (Please indicate if you plan to attend ONE DAY ONLY. *Non-members add \$25 to day rate.*)

☐ Wednesday Only \$100 ☐ Thursday Only \$190 ☐ Friday Only \$190 ☐ Saturday Only \$190

TOTAL AMOUNT \$ _____

Method of Payment:

☐ Check Enclosed (**Mail Check to:** Georgia Chapter AAP, 1330 West Peachtree Street NW, Ste. 500, Atlanta, GA 30309-2904)

☐ Please Charge my Credit Card ☐ Visa ☐ MasterCard ☐ Amex

Credit Card # _____ Exp. _____ 3 or 4 digit CVV code: _____

Name on the card (please print): _____

For more information call: 404-881-5091

Fax: 404-249-9503

Email: jrice@gaaap.org