

**Georgia Pediatric Nurses Association & Georgia Pediatric Practice Managers Association**

**Fall 2017 Meeting Registration Form**

October 13, 2017

Cobb Energy Center, Atlanta, Ga

*(Please duplicate this form for each registrant)*

Name: \_\_\_\_\_

☐ CMPE ☐ LPN ☐ ADN ☐ RN ☐ MA ☐ CPC ☐ Other \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Practice/Hospital: \_\_\_\_\_

Name of Lead Physician(s): \_\_\_\_\_

**Register for the meeting you will attend:**

**Nurse Meeting Registration Fees:**

- |  |       |
|--|-------|
| <input type="checkbox"/> Nurse                     | \$100 |
| <input type="checkbox"/> Medical Assistant         | \$80  |
| <input type="checkbox"/> Physician – GC/AAP Member | \$100 |
| <input type="checkbox"/> Industry Professional     | \$200 |

**Practice Manager Meeting Registration Fees:**

- |  |       |
|--|-------|
| <input type="checkbox"/> *Practice Mgr/Office Staff/GPPMA Member | \$100 |
| <input type="checkbox"/> Physician – GC/AAP Member               | \$100 |
| <input type="checkbox"/> Industry Professional                   | \$200 |
| <input type="checkbox"/> *Practice Mgr or Physician - Non Member | \$185 |

*\*GPPMA Members are employed by a physician practice where the majority of physicians are members of the GA Chapter AAP.*

(On-Site or Late Registration is \$25 Additional)

Total Amount Enclosed: \$ \_\_\_\_\_

**Make checks payable to: Georgia Chapter/AAP**

☐ **Please charge my credit card**

Circle one:    MasterCard    Visa    American Express

Card Number \_\_\_\_\_ 3 or 4 digit CVV Code \_\_\_\_\_

Name on the card \_\_\_\_\_ Exp Date \_\_\_\_\_

**Mail Completed Registration Forms to:**

*Georgia Chapter/AAP, Attention: Kasha Askew*

*1330 West Peachtree Street, NW; Suite 500, Atlanta, Georgia 30309-2904*

*(404) 881-5067 (phone)*

*(404) 249-9503 (fax)*

*kaskew@gaaap.org*

**Registration Deadline – September 29, 2017**

**Cancellation/Refund Policy:** All refund requests must be made prior to September 29, 2017. A \$30 administration fee will apply to all refunds given. We regret no refunds or rain checks will be issued after the deadline. However, participant substitutions are gladly accepted for the same meeting. Thank you.