

# Registration for all activities

**Pediatrics on the Parkway** November 2 -4, 2017 Cobb Galleria Centre, Atlanta, Ga.

Please complete the form below to register. Online registration is also available (Preferred) at [www.gaaap.org](http://www.gaaap.org).

**NAME:** \_\_\_\_\_

Or attach a business card/

**PRACTICE NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIPCODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **\*EMAIL:** \_\_\_\_\_

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

**PRE-Registration is Required for ALL activities; Check all that apply below.**

## Thursday, Friday, & Saturday Annual Meeting Only

- Thursday, Morning, Coding & Practice Management Seminar
- Thursday, Morning, Mental Health Seminar
- Thursday, Afternoon, Pediatric Hospital Medicine Conference

Friday, Awards Luncheon \_\_\_\_ (Number attending, \$40 guest fee applies)

Friday, Welcome Reception \_\_\_\_ (Number attending)

### Registration Fee Annual Meeting Only:

- |   |       |   |       |  |       |
|---|-------|---|-------|--|-------|
| <input type="checkbox"/> Member, Georgia AAP                | \$385 | <input type="checkbox"/> Other Physician            | \$495 | <input type="checkbox"/> Emeritus, Georgia AAP | \$125 |
| <input type="checkbox"/> Resident                           | \$55  | <input type="checkbox"/> Medical Student            | \$40  |  |       |
| <input type="checkbox"/> Other Clinical Health Professional | \$260 | <input type="checkbox"/> Industry Rep./Professional | \$525 |  |       |

Late Registration after October 23 or onsite Registration (add \$40 each)

## Thursday, Afternoon - Hospital Medicine ONLY

Pediatric Hospital Medicine Conference ONLY \$65

## Thursday, Afternoon - MOC Part II – (Please note this is an additional cost to the Annual Meeting.)

MOC Part II: Injury Prevention: Children Birth to 4 Years & Adolescents Georgia AAP Member  \$125  
(Approved for ABP Maintenance of Certification Part 2 Points) Non-Member  \$175



**GRAND TOTAL of ALL FEES:** \$ \_\_\_\_\_

### Method of Payment:

Please make check payable to: Georgia Chapter/AAP      Credit Card Information       Visa       MC       Amex

Credit Card # \_\_\_\_\_

Exp. \_\_\_\_\_ Payment Amount: \_\_\_\_\_ CVV Code (3 digit code): \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Complete form and return to: 1330 West Peachtree Street, Suite 500, Atlanta, GA 30309-2904 or fax to 404-249-9503 with payment by **October 23, 2017** after please add \$40. For additional information call 404-881-5091.