

Pediatrics "Just off" Peachtree Registration Form

Atlanta Buckhead Marriott & Conference Center, Atlanta GA

October 10 -12, 2019

Please complete the form below to register. Online registration is also available (Preferred) at 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.)

Thursday, Friday, & Saturday Fall CME Meeting Only

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

- ☐ Thursday, Morning, Pediatric Nutrition Seminar
☐ Thursday, Morning, Behavioral Pediatrics & Mental Health Seminar
☐ Thursday, Afternoon, Pediatric Hospital Medicine Seminar
☐ Thursday, Afternoon, Practice Management Seminar
☐ Friday, General Session
☐ **Friday, Awards Luncheon** __ (Number attending, \$40 guest fee applies)
☐ **Friday, Welcome Reception** _____
☐ Saturday, General Session

Registration Fee Fall CME Meeting Only:

- | | | | | | |
|---|-------|---|-------|--|-------|
| <input type="checkbox"/> Member, Georgia AAP | \$450 | <input type="checkbox"/> Non-Member Physician | \$575 | <input type="checkbox"/> Emeritus, Georgia AAP | \$155 |
| <input type="checkbox"/> Resident | \$60 | <input type="checkbox"/> Medical Student | \$50 | | |
| <input type="checkbox"/> Industry Rep./Professional | \$645 | <input type="checkbox"/> Clinical Health Professional | \$275 | | |

☐ **Late Registration after September 6th or onsite Registration (add \$55 each)**

One Day Rates: (Please indicate if you plan to attend ONE DAY ONLY. Non-members add \$50 to day rate.)

☐ Thursday Only \$175 ☐ Friday Only \$225 ☐ Saturday Only \$165

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: 1350 Spring Street, Suite 700, Atlanta, GA 30309-2874 or fax to 404-249-9503 with payment by **September 6, 2019 after please add \$40.** For additional information call 404-881-5091. [You can also email it to kautry@gaaap.org.](mailto:kautry@gaaap.org)