

# 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](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.)*

**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        | \$395 | <input type="checkbox"/> Non-Member Physician         | \$515 | <input type="checkbox"/> Emeritus, Georgia AAP | \$155 |
| <input type="checkbox"/> Resident                   | \$60  | <input type="checkbox"/> Medical Student              | \$50  |  |       |
| <input type="checkbox"/> Industry Rep./Professional | \$545 | <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)