

Pediatrics by the Sea - Registration Form

June 17-20, 2020

The Ritz-Carlton

Amelia Island, Florida

Name: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ *Email: _____

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

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

Wednesday Afternoon: Pediatric Infectious Disease & Immunization Seminar

Thursday Morning: Practice Management Seminar

Thursday Afternoon: Trauma Informed Pediatrician Seminar

Thursday, Welcome Reception, # attending _____

Friday, Afternoon Workshop (choose one)

CATCH: Community Pediatricians, Projects, & Grant-Writing

More Kicking & Screaming: A Positive Approach to Calming Healthcare Jitters

Friday Late Afternoon Workshop: *Updated AAP Clinical Reports on Autism, Developmental Surveillance & Screening*

Saturday, Afternoon Workshop (choose one)

Pediatric Office Emergencies: What to do when a Disaster Shows up in your Waiting Room

"Uh-oh . . . You Have a Learner . . . Now What? Teach Without Slowing the Clinic Flow"

Saturday, President's Reception, # attending _____

Registration Deadline is May 29, 2020

Registration Fees:

Members, Georgia Chapter of the AAP \$460

Other Physicians \$590

Emeritus Members, GC of the AAP \$165

Residents \$85

Medical Students \$60

Other Clinical Health Professionals \$285

Late or onsite Registration **(add \$55 after May 29, 2020)**

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

Wednesday Only \$135 Thursday Only \$275 Friday Only \$275 Saturday Only \$275

TOTAL AMOUNT \$ _____

Method of Payment:

Check Enclosed (**Mail Check to:** Georgia Chapter AAP, 1350 Spring Street, Ste. 700, Atlanta, GA 30309)

Please Charge my Credit Card Visa MasterCard Amex

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

Name on the card: _____ Billing Zip: _____

For more information call: 404-881-5091

Fax: 404-249-9503

Email: kautry@gaaap.org