

**Aloha Update: Pediatrics® 2012**  
**Oct. 27-Nov. 2, 2012 • Grand Hyatt Kauai Resort & Spa**  
**CONFERENCE REGISTRATION**



- [Click here to register online](#)
- [Click here to add/update your mailing list information](#)

Name: \_\_\_\_\_  MD  Other \_\_\_\_\_

Specialty:  Pediatrics AAP# \_\_\_\_\_  Family Medicine AAFP# \_\_\_\_\_  
 Other \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Office  Home  Cell  Other

Secondary Phone: \_\_\_\_\_  Office  Home  Cell  Other

Additional Phone: \_\_\_\_\_  Office  Home  Cell  Other

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

**Tuition:**

	<i>Special Past Conference Attendee Registration by June 15, 2012</i>	<i>Early Registration by August 1, 2012</i>	<i>Regular Registration after August 1, 2012</i>
<input type="radio"/> Physician	N/A	<input type="checkbox"/> \$785	<input type="checkbox"/> \$835
<input type="radio"/> Past Physician Registrant	<input type="checkbox"/> \$710	<input type="checkbox"/> \$735	<input type="checkbox"/> \$785
<input type="radio"/> CHLA Staff/Alumni	<input type="checkbox"/> \$700	<input type="checkbox"/> \$725	<input type="checkbox"/> \$775
<input type="radio"/> AAP CA Dist. IX, Chap. 2	<input type="checkbox"/> \$700	<input type="checkbox"/> \$725	<input type="checkbox"/> \$775
<input type="radio"/> *Resident	<input type="checkbox"/> \$500	<input type="checkbox"/> \$525	<input type="checkbox"/> \$575
<input type="radio"/> Retired Physician	<input type="checkbox"/> \$500	<input type="checkbox"/> \$525	<input type="checkbox"/> \$575
<input type="radio"/> Non-Physician (NP, PA, etc.)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$525	<input type="checkbox"/> \$575

\* A letter from the Chief of Staff must accompany registration for reduced Resident/Intern tuition. Full tuition will be charged if not pre-registered.

**Activities:**

Please send information when available

**Total:**

Tuition: \$ \_\_\_\_\_

Check enclosed (payable to “Childrens Hospital Los Angeles Medical Group” or “CHLAMG”)

Credit Card:  Visa  MasterCard  Am Ex  Discover

Card No: \_\_\_\_\_ Security code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing address: \_\_\_\_\_

**Cancellation Fees:** Prior to Sept. 1, 2012 \$50      Sept. 1-Oct. 1, 2012: \$125      After Oct. 1, 2012: \$200  
 Activities: No Refunds

**Return your completed registration form to:**

Children’s Hospital Los Angeles Medical Group  
 ATTN: Aloha Update 2012 • 6430 Sunset Blvd., Suite 600 • Los Angeles, CA 90028-7909  
 800.3.KID.CME (800.354.3263) or 323.361.2752 • Fax: 323.361.5068 • Email: pediatricCME@ymail.com

**[Click here to register online](#)**