

Pediatrics in the Islands ... Clinical Pearls 2012

July 7-13, 2012 • Hyatt Regency Maui • Hawaii

CONFERENCE REGISTRATION



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

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 Feb. 15, 2012</i>	<i>Early Registration by April 1, 2012</i>	<i>Regular Registration after April 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:

► Sunset Cruise

Monday, July 9 — 5:00-7:00 pm

_____ @ \$69 per adult = \$ _____ # _____ @ \$62 per teen, 13-17 = \$ _____

_____ @ \$56 per child, 2-12 = \$ _____ # _____ infant(s) 0-1 (free)

Infants (0-1) are free, but must be listed on this form to be ticketed. All passengers must have a ticket to board the boat.

► Old Lahaina Luau

Wednesday, July 11 — 5:45-8:45 pm

_____ @ \$92 per adult = \$ _____ # _____ @ \$62 per child, under 12 = \$ _____

_____ Infants not occupying a seat (free)

Total:

Tuition: \$ _____ + Activities: \$ _____ = Total: \$ _____

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 May 15, 2012 \$50 May 15-June 15, 2012: \$125 After June 15, 2012: \$200
Activities: No Refunds

Return your completed registration form to:

Children's Hospital Los Angeles Medical Group

ATTN: Pediatrics in the Islands 2012 • 6430 Sunset Blvd., Suite 600 • Los Angeles, CA 90028-7909
800.3.KID.CME (800.354.3263) or 323.361.2752 • Fax: 323.361.8490 • Email: pediatricCME@ymail.com

[Click here to register online](#)