

Pediatric Potpourri®: State of the Art 2012

February 18-24, 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:

Regular Registration
after **Nov. 15, 2011**

- Physician \$835
- Past Physician Registrant \$785
- CHLA Staff/Alumni \$775
- AAP CA Dist. IX, Chap. 2 \$775
- *Resident \$575
- Retired Physician \$575
- Non-physician (NP, PA, etc.) \$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:

▶ Whale Watch

Monday, February 20 — 4:30-6:30 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, February 22 — 5:15-8:15 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 Jan. 1, 2012 \$50
Activities: No Refunds

Jan. 1 – Feb. 1, 2012: \$125

After Feb. 1, 2012: \$200

Return your completed registration form to:

Children's Hospital Los Angeles Medical Group

ATTN: Pediatric Potpourri® 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](#)