

Pediatrics by the Sea

June 16-19, 2010

The Ritz-Carlton

Amelia Island, Florida.

Registration Form

PLEASE PRINT OR ATTACH BUSINESS CARD

Name: _____


Practice Name: _____ Spouse/Guest: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ *Email: _____

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

 **The Chapter is "going green" this year by converting to electronic versions only of the speakers' PowerPoint handouts. Registrants will receive a link to the handouts via email two weeks prior to the meeting. Participants can pre-print handouts from the web site, or, if they choose, bring their laptops to the session. Join us in our environment-friendly effort.**

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

- Wednesday, Developmental Pediatrics Seminar
- Thursday, Pediatrics Coding Seminar
- Thursday, Neonatal Nutrition Seminar
- Thursday, Welcome Reception, # attending _____
- Friday, Section on Families and Careers Luncheon (Guest fee \$40 each)
- Friday, Afternoon Workshop: The Art of the Neuro Exam
- Saturday, Afternoon Workshop: The Art of the Eye Exam
- Saturday, President's Reception, # attending _____

Registration Deadline is May 28, 2010

(For Late or On-Site Registration please add \$40)

Registration Fee:

- | | |
|--|-------|
| <input type="checkbox"/> Members Georgia Chapter of the AAP | \$355 |
| <input type="checkbox"/> Members Florida Chapter of the AAP | \$355 |
| <input type="checkbox"/> Other Physicians | \$465 |
| <input type="checkbox"/> Emeritus Members GC of the AAP | \$65 |
| <input type="checkbox"/> Residents | \$40 |
| <input type="checkbox"/> Medical Students | \$25 |
| <input type="checkbox"/> Other Health Professionals | \$245 |
| <input type="checkbox"/> Late or onsite Registration (add \$40 each) | |

TOTAL \$ _____

One Day Rates (Please indicate if you plan to attend one day only. **Non-members add \$25 to day rate.**)

___ Wednesday Only \$90 ___ Thursday Only \$90 ___ Friday Only \$175 ___ Saturday Only \$100

Method of Payment

Check Enclosed (**Mail Check to:** Georgia Chapter AAP, 1330 West Peachtree Street NW, Ste. 500, Atlanta, GA 30309-2904)

Please Charge my Credit Card

Visa MasterCard Amex

Credit Card # _____ Exp. _____ 3-digit CVV code: _____

Name on the card (please print): _____

For more information call: 404-881-5091

Fax: 404-249-9503

Email: jrice@gaaap.org