American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

2018 NATIONAL CONFERENCE REGISTRATION FORM

AAP experience
National Conference & Exhibition

For Office Use Only:

D	$	Payment

Register online **at AAPexperience.org/registration**

Or, fax or mail this form and payment to:

Fax: 847/228-5059 (credit card payment is required)

American Academy of Pediatrics/Registration
PO Box 776442, Chicago, IL 60677-6442

Need assistance registering?

Call us — we are here to help!
800/433-9016, option 3
registration@aap.org

A PERSONAL INFORMATION

AAP ID Number

Last Name

Degree

First Name

Organization

Address

City

Country *(if other than USA)* State/Province ZIP Code

Office Telephone Number Cell Phone Number

E-mail Address

Your primary contact information will be included in the bar code that you may use in the Exhibit Hall.

Emergency Contact Name

Emergency Contact Phone _____/_____-_____
Example 847/434-4000

(Please note this information will only be used in the event of an emergency on-site)

Non-ticketed Programs
There is no advance selection for specific educational sessions (excluding courses and workshops for which an additional fee is required.) Every professional attendee has the same opportunity to attend sessions on a first-come, first-served basis. Once the session has reached capacity, attendees will have to choose another session during that time frame. We are offering several repeated sessions, which will be posted near the meeting rooms. We recommend that you arrive early to your desired session.

REQUIRED INFORMATION

Age
- ☐ 20–30
- ☐ 31–40
- ☐ 41–50
- ☐ 51–60
- ☐ 61–70
- ☐ 71+

Gender
- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Other _____

Attendee Profile
- ☐ General Pediatrician
- ☐ Pediatric Medical or Surgical Subspecialist
- ☐ Allied Health Professional
- ☐ Practice Manager
- ☐ Pediatric Resident or Fellow
- ☐ Nurse/Nurse Practitioner
- ☐ Family Physician
- ☐ Physician's Assistant
- ☐ Hospitalist
- ☐ Medical Student
- ☐ Other (please specify) _____

Specialty/Sub-specialty
- ☐ N/A
- ☐ Adolescent Medicine
- ☐ Allergy & Immunology
- ☐ Cardiology/Cardiac Surgery
- ☐ Dermatology
- ☐ Development & Behavioral
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Neonatology/Perinatology
- ☐ Pulmonology
- ☐ Surgery
- ☐ Urology
- ☐ Other (please specify) _____

Annual Volume of Products & Services Purchased
- ☐ $50,000 – $100,000
- ☐ $100,000 – $250,000
- ☐ $250,000 – $500,000
- ☐ $500,000 – $1,000,000
- ☐ over $1,000,000

Military Affiliation
- ☐ None
- ☐ Active Duty
- ☐ Retired
- ☐ Reserves
- ☐ Separated

☐ **This is my first AAP National Conference & Exhibition.**

Last name _____

B ATTENDEE REGISTRATION

AAP members save at least 30% on registration!
Join or renew at AAP.org/join

		FULL CONFERENCE PRICING		ONE-DAY PRICING
		Advance Pricing On/Before Sept. 21	*Regular* On/After Sept. 22	May 1–Nov. 6
Members	Fellows and Member Physicians	☐ **$575**	☐ $720	☐ $360
Members	Senior Members	☐ **$450**	☐ $565	☐ $360
Members	Resident and Post-Residency Training Members	☐ **$290**	☐ $360	☐ $205
Members	Medical Students	☐ **No Fee**	☐ No Fee	☐ No Fee
Non-Members	Physicians	☐ **$825**	☐ $1,030	☐ $515
Non-Members	Allied Health/Nurses/Pediatric Nurse/Physician Assistans/Nurse Practitioners	☐ **$370**	☐ $465	☐ $260
Non-Members	Residents/Fellow In-Training	☐ **$370**	☐ $465	☐ $260
Non-Members	Medical Students *(with proof of enrollment)*	☐ **$25**	☐ $25	☐ $25
Non-Members	International Physicians	☐ **$775**	☐ $980	☐ $515
Non-Members	Exhibits-Only Registration *(includes exhibit hall access only)*	☐ **$50**	☐ $50	☐ $50
				Indicate Date: _____

B TOTAL ATTENDEE REGISTRATION FEES: $

C FAMILY REGISTRATION

The family registration is intended for the professional attendee's family members. The family registration fee is $10 per person and grants admission into the following programs.

- AAP Kids' Camp (Family Reception)
- President's Welcome Reception
- AAP Community Cares Project
- Plenary Sessions
- Exhibit Hall
- Orlando Experience! at Universal's Islands of Adventure™ (requires an additional fee)

CHILD CARE

On-site child care is available at the conference and will be located at the Hyatt Regency Orlando. Registration is handled directly by Kiddie Corp. Sign up early as space is limited! Please visit https://jotform.com/KiddieCorp/aapkids or call 858/397-8909 to register.

Registered family members do not have access to any educational sessions except for Plenary Sessions.

Please fill in the information for each family member below.

	LAST NAME	FIRST NAME	RELATIONSHIP	ADULT	CHILD *(ages 3–17)*	PRICE
1.				☐	☐	☐ $10
2.				☐	☐	☐ $10
3.				☐	☐	☐ $10
4.				☐	☐	☐ $10
5.				☐	☐	☐ $10
					SUBTOTAL	

C TOTAL FAMILY REGISTRATION FEES: $

D SPECIAL EVENTS

Please fill in the number of adult and child tickets requested for each event.

				NUMBER OF TICKETS ADULT(S)	NUMBER OF TICKETS CHILD(REN)	PRICE	
FRIDAY, NOVEMBER 2	*V0020 adult* *V0020C child*	AAP Community Cares Project *(Children must be at least 10 years old)*	12:00–4:30PM	_____	_____	*Included with Conference registration*	*$0*
	V0025 adult *V0025C child*	AAP Kids' Camp *(Note: Tickets will not be printed)*	5:30–8:00PM	_____	_____	*Included with Conference registration*	*$0*
	V0026 adult *V0026C child*	President's Welcome Reception *(Note: Tickets will not be printed)*	6:30–9:30PM	_____	_____	*Included with Conference registration*	*$0*
SATURDAY, NOVEMBER 3	*V1133 adult* *V1133C child*	Experience Orlando! Universal's Islands of Adventure™	7:30–11:30PM	_____	_____	*$15 Adult(s)* *$5 Child(ren) (12 years and under)*	$_____ $_____
SUNDAY, NOVEMBER 4	*V2112*	CPR Anytime® (1 ticket per family)	4:00–5:30PM			*$25 total per family*	☐ $25
MONDAY, NOVEMBER 5	*Z30005*	Friends of Children fund. AAP Friends of Children Fund 5k Fun Run & Walk	7:30–8:30AM	_____	_____	*Entry fee of $25 per person supports the AAP Friends of Children Fund. Every participant will receive a Fun Run t-shirt.*	_____ # tickets × $25 = _____

D TOTAL SPECIAL EVENTS FEES: $

Last name _____

E COURSES AND WORKSHOPS

COURSES

					TOTAL
FRIDAY, NOV. 2	8:00AM–4:30PM	☐	C0010 NRP® 2018 Current Issues Seminar	$85 Conference Registration Required	$ _____
			NRP Breakout 1A-1C (Select one session per breakout) — 1:15–3:15PM		
			Breakout 1A: Simulation Scenarios (NRP Instructors ONLY) — ☐		
			Breakout 1B: Simulation Scenarios (Non-NRP Instructors ONLY) — ☐		
			Breakout 1C: Presentation Series — ☐		
			NRP Breakout 2A-2B (Select one session per breakout) — 3:30–4:30PM		
			Breakout 2A: Tips for Simulation & Debriefing — ☐		
			Breakout 2B: Tips & Strategies for Instructor Mentorship — ☐		
SATURDAY, NOV. 3	7:30AM–5:00PM	☐	C1008 APLS: The Pediatric Emergency Medicine Course	$295	$ _____
MONDAY, NOV. 5	8:00AM–1:30PM	☐	C3019 Advanced Point-of-Care Ultrasound Workshop: Ultrasound-Guided Resuscitation: Precision Care for the Critically Ill Child *The advanced course is for learners already familiar with basics who have completed a Beginner Course or Ultrasound Rotation*	$250	$ _____
	8:00AM–5:30PM	☐	C3020 Basic Point-of-Care Ultrasound Workshop: Improving the Care of Children *The basic course is open to all participants, covering a variety of applications*	$350	$ _____
MONDAY, NOV. 5 – TUESDAY, NOV. 6	MON. 7:30AM–6:15PM TUES. 7:30AM–12:00PM	☐	C3006/C4005 Course on Neonatal and Pediatric Critical Care Transport Medicine (Lab NOT included)	$150 (includes both days)	$ _____
	MON. 7:30AM–6:15PM TUES. 7:30AM–12:00PM	☐	C3006/C4005a Course on Neonatal and Pediatric Critical Care Transport Medicine plus AM Lab (AM Lab is Mon. Nov. 5, 9:00AM–1:00PM)	$215 (includes both days)	$ _____
	MON. 7:30AM–6:15PM TUES. 7:30AM–12:00PM	☐	C3006/C4005b Course on Neonatal and Pediatric Critical Care Transport Medicine plus PM Lab (PM Lab is Mon. Nov. 5, 2:00–6:00PM)	$215 (includes both days)	$ _____

WORKSHOPS

Workshops sell out quickly. Please indicate your first, second and third choice if there is more than one workshop offered in the same time period by placing a number 1, 2 or 3 in the box before the workshop code. Each workshop has a $75 material fee.

SATURDAY, NOV. 3	8:30–10:00AM	☐ ☐	W1021 Integrating Acupuncture Into Your Practice W1043 Spine and Hip Exam Workshop: A Hands-On Session	$75	$ _____
	2:00–3:30PM	☐ ☐	W1099 Rheumatology Musculoskeletal Workshop: A Hands-On Session (Repeats as W1128) W1100 Simulation for the Difficult Office Conversation: HPV Refusal and More (Repeats as W1129)	$75	$ _____
	4:00–5:30PM	☐ ☐	W1128 Rheumatology Musculoskeletal Workshop: A Hands-On Session (Repeats from W1099) W1129 Simulation for the Difficult Office Conversation: HPV Refusal and More (Repeats from W1100)	$75	$ _____
SUNDAY, NOV. 4	8:30–10:00AM	☐	W2045 Eye Examination Skills: Using the Ophthalmoscope (Repeats as W2104)	$75	$ _____
	2:00–3:30PM	☐ ☐ ☐	W2103 Asthma/Allergy Gadgets and Tools (Repeats as W2134) W2104 Eye Examination Skills: Using the Ophthalmoscope (Repeats from W2045) W2105 Otoscopy Workshop (Repeats as W2135)	$75	$ _____
	4:00–5:30PM	☐ ☐	W2134 Asthma/Allergy Gadgets and Tools (Repeats from W2103) W2135 Otoscopy Workshop (Repeats from W2105)	$75	$ _____
MONDAY, NOV. 5	8:30–10:00AM	☐ ☐ ☐	W3043 Must-Have Gadgets and Technology for the Pediatric Office (Repeats as W3125) W3044 Casting and Splinting Workshop (Repeats as W3078 and W 3107) W3045 Wound Care Workshop (Repeats as W3095)	$75	$ _____
	2:00–3:30PM	☐ ☐ ☐	W3078 Casting and Splinting Workshop (Repeats from W3044 and as W3107) W3095 Wound Care Workshop (Repeats from W3045) W3096 Knee and Shoulder Injuries in the Pediatric Athlete: A Hands-On Review (Repeats as 3132)	$75	$ _____
	4:00–5:30PM	☐ ☐ ☐	W3107 Casting and Splinting Workshop (Repeats from W3044 and W3078) W3125 Must-Have Gadgets and Technology for the Pediatric Office (Repeats from W3043) W3132 Knee and Shoulder Injuries in the Pediatric Athlete: A Hands-On Review (Repeats from W3096)	$75	$ _____
TUESDAY, NOV 6	8:30–10:00AM	☐ ☐ ☐	W4032 Emergencies in the Technology-Dependent Child: What Every Pediatrician Should Know (Repeats as W4074) W4033 Office Spirometry Workshop (Repeats as W4075) W4034 Terrific and Timely Telemedicine Tools II: More Stuff You and Your Patients Need (Repeats as W4076)	$75	$ _____
	2:00–3:30PM	☐ ☐ ☐	W4074 Emergencies in the Technology-Dependent Child: What Every Pediatrician Should Know (Repeats from W4032) W4075 Office Spirometry Workshop (Repeats from W4033) W4076 Terrific and Timely Telemedicine Tools II: More Stuff You and Your Patients Need (Repeats from W4034)	$75	$ _____

E TOTAL COURSES + WORKSHOPS FEES: $

Last name _____

F CATERED EVENTS

			FEE	TOTAL
FRIDAY, NOVEMBER 2				
12:00–1:30PM	☐	M01 Section on Cardiology QI Improvement Workshop	*$40*	*$40*
6:30–9:30PM	☐	M02 Section on Cardiology Cardiology Banquet & Awards	_____ # tickets × $80 =	$____
SATURDAY, NOVEMBER 3				
12:00–1:00PM	☐	M03 Council on Sports Medicine and Fitness Luncheon (COSMF Members ONLY)	*$25*	*$25*
12:00–1:00PM	☐	M04 Council on Sports Medicine and Fitness Luncheon (Non-COSMF Members)	*$50*	*$50*
12:00–1:00PM	☐	M05 Section on Surgery Rosenkrantz Presentation Luncheon	*$80*	*$80*
12:30–1:30PM	☐	M06 Section on Administration and Practice Management (SOAPM) – Edward J. Saltzman Luncheon	*$35*	*$35*
6:30–9:30PM	☐	M07 Section on Orthopaedics Distinguished Service Award	*$50*	*$50*
SUNDAY, NOVEMBER 4				
7:00–8:15AM	☐	M08 District I Town Hall Meeting	*Comp.*	*$0*
7:00–8:15AM	☐	M09 District II Town Hall Meeting	*Comp.*	*$0*
7:00–8:15AM	☐	M10 District III Town Hall Meeting	*Comp.*	*$0*
7:00–8:15AM	☐	M11 District IV Town Hall Meeting	*Comp.*	*$0*
7:00–8:15AM	☐	M12 District V Town Hall Meeting	*Comp.*	*$0*
7:00–8:15AM	☐	M13 District VI Town Hall Meeting	*Comp.*	*$0*
7:00–8:15AM	☐	M14 District VII Town Hall Meeting	*Comp.*	*$0*
7:00–8:15AM	☐	M15 District VIII Town Hall Meeting	*Comp.*	*$0*
7:00–8:15AM	☐	M16 District IX Town Hall Meeting	*Comp.*	*$0*
7:00–8:15AM	☐	M17 District X Town Hall Meeting	*Comp.*	*$0*
7:30–9:30AM	☐	M18 Section on Surgery Siggy Ein Memorial Clinical-Solving Breakfast	*$50*	*$50*
11:45AM–12:30PM	☐	M19 Section on Surgery (optional lunch)	*$80*	*$80*
12:30–2:00PM	☐	M20 Section on Adolescent Health Business Meeting and Lunch	*$30*	*$30*
6:00–10:00PM	☐	M21 SOAPM Friends of Children Fund Social Fundraiser & Dinner (SOAPM Members ONLY)	_____ # tickets × $125 =	$____
6:00–10:00PM	☐	M22 SOAPM Friends of Children Fund Social Fundraiser & Dinner (Non-SOAPM Members)	_____ # tickets × $155 =	$____
MONDAY, NOVEMBER 5				
12:00–1:30PM	☐	M23 Council on Foster Care, Adoption and Kinship Care Luncheon (educational program attendees only)	*$25*	*$25*
12:30–1:30PM	☐	M24 Annual Business Luncheon (AAP Members)	*Comp.*	*$0*
12:30–1:30PM	☐	M25 Annual Business Luncheon (Non-members and Guests)	_____ # tickets × $60 =	$____

F TOTAL CATERED EVENTS FEES: $

THEME PARK TICKETS AND ORLANDO TOURS

For information about discounted Theme Park Tickets and/or Orlando Tours, please visit www.AAPexperience.org.

AAP experience National Conference & Exhibition

Orlando, FL | Nov. 2-6
Orange County Convention Center
AAPexperience.org

TOTAL FEES

B	TOTAL ATTENDEE REGISTRATION FEES:		$_____
C	TOTAL FAMILY REGISTRATION FEES:		$_____
D	TOTAL SPECIAL EVENT FEES:		$_____
E	TOTAL COURSES AND WORKSHOPS FEES:		$_____
F	TOTAL CATERED EVENTS FEES:		$_____
G	**CONFERENCE T-SHIRT** ____ **S**(S1) ____ **M**(S2) ____ **L**(S3) ____ **XL**(S4)	Qty ____ x $14 =	$_____
H	Plant a Tree to Offset Your Carbon Footprint (TR1)	Qty ____ x $10 =	$_____

TOTAL PAYMENT $

METHOD OF PAYMENT

☐ Check enclosed payable to the American Academy of Pediatrics (US Only)

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Card Number _____ Exp. Date (MM/YY) ____ / ____

Cardholder Zipcode _____

Name as it appears on card (please print)

Signature

☐ Any special disability requirements for you or your family, please describe:

Advance registration will not be made without payment. Registration confirmations will be sent by e-mail.

Photos or videos of conference attendees become property of the AAP and may appear in AAP conference publications. To protect the privacy of minors, full-face views are never used; only side/back views of children unless parent permission is granted.

Please register online at AAPexperience.org/registration or mail or fax this form and payment to

American Academy of Pediatrics/Registration
PO Box 776442, Chicago, IL 60677-6442

Fax: 847/228-5059 *(credit card payment is required)*

Advance Registration Deadline: **September 21, 2018**
Cancellation Deadline for Registration: **September 21, 2018**

Note: If the total payment is incorrect, the necessary adjustments will be made and your credit card will be charged accordingly.

CANCELLATION POLICY:

Cancellation requests must be sent in writing by September 21 to:

AAP Registration
345 Park Blvd.
Itasca, IL 60143

Fax: 847/228-5059
Email: registration@aap.org

Cancellation requests received by September 21 will receive a full refund less a $50 administrative fee. After September 21, all fees paid to the AAP for conference registration, catered events, special events, courses, and workshops are nonrefundable.

Need assistance registering? Call us — we are here to help!
800/433-9016, option 3 | registration@aap.org