

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	<input type="checkbox"/> \$575	<input type="checkbox"/> \$720	<input type="checkbox"/> \$360
	Senior Members	<input type="checkbox"/> \$450	<input type="checkbox"/> \$565	<input type="checkbox"/> \$360
	Resident and Post-Residency Training Members	<input type="checkbox"/> \$290	<input type="checkbox"/> \$360	<input type="checkbox"/> \$205
Non-Members	Medical Students	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
	Physicians	<input type="checkbox"/> \$825	<input type="checkbox"/> \$1,030	<input type="checkbox"/> \$515
	Allied Health/Nurses/Pediatric Nurse/Physician Assistans/Nurse Practitioners	<input type="checkbox"/> \$370	<input type="checkbox"/> \$465	<input type="checkbox"/> \$260
	Residents/Fellow In-Training	<input type="checkbox"/> \$370	<input type="checkbox"/> \$465	<input type="checkbox"/> \$260
	Medical Students (<i>with proof of enrollment</i>)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
	International Physicians	<input type="checkbox"/> \$775	<input type="checkbox"/> \$980	<input type="checkbox"/> \$515
Exhibits-Only Registration (<i>includes exhibit hall access only</i>)		<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$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.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$10
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$10
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$10
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$10
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$10
					SUBTOTAL	

C TOTAL FAMILY REGISTRATION FEES: \$ _____

D SPECIAL EVENTS

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

			TIME	NUMBER OF TICKETS		PRICE
				ADULT(S)	CHILD(REN)	
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 <input type="checkbox"/> \$25
MONDAY, NOVEMBER 5	Z30005	 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. _____ × \$25 = _____ # tickets _____

D TOTAL SPECIAL EVENTS FEES: \$ _____



E COURSES AND WORKSHOPS

COURSES

				TOTAL		
FRIDAY, NOV. 2	8:00AM-4:30PM	<input type="checkbox"/>	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)			<input type="checkbox"/>
			Breakout 1B: Simulation Scenarios (Non-NRP Instructors ONLY)			<input type="checkbox"/>
			Breakout 1C: Presentation Series			<input type="checkbox"/>
			NRP Breakout 2A-2B (Select one session per breakout)			3:30-4:30PM
			Breakout 2A: Tips for Simulation & Debriefing			<input type="checkbox"/>
		Breakout 2B: Tips & Strategies for Instructor Mentorship	<input type="checkbox"/>			
SATURDAY, NOV. 3	7:30AM-5:00PM	<input type="checkbox"/>	C1008 APLS: The Pediatric Emergency Medicine Course	\$295	\$ _____	
MONDAY, NOV. 5	8:00AM-1:30PM	<input type="checkbox"/>	C3019 Advanced Point-of-Care Ultrasound Workshop: Ultrasound-Guided Resuscitation: Precision Care for the Critically Ill Child <i>The advanced course is for learners already familiar with basics who have completed a Beginner Course or Ultrasound Rotation</i>	\$250	\$ _____	
	8:00AM-5:30PM	<input type="checkbox"/>	C3020 Basic Point-of-Care Ultrasound Workshop: Improving the Care of Children <i>The basic course is open to all participants, covering a variety of applications</i>	\$350	\$ _____	
MONDAY, NOV. 5 - TUESDAY, NOV. 6	MON. 7:30AM-6:15PM TUES. 7:30AM-12:00PM	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	W1021 Integrating Acupuncture Into Your Practice	\$75	\$ _____
		<input type="checkbox"/>	W1043 Spine and Hip Exam Workshop: A Hands-On Session		
	2:00-3:30PM	<input type="checkbox"/>	W1099 Rheumatology Musculoskeletal Workshop: A Hands-On Session (Repeats as W1128)		
		<input type="checkbox"/>	W1100 Simulation for the Difficult Office Conversation: HPV Refusal and More (Repeats as W1129)	\$75	\$ _____
	4:00-5:30PM	<input type="checkbox"/>	W1128 Rheumatology Musculoskeletal Workshop: A Hands-On Session (Repeats from W1099)	\$75	\$ _____
		<input type="checkbox"/>	W1129 Simulation for the Difficult Office Conversation: HPV Refusal and More (Repeats from W1100)		
SUNDAY, NOV. 4	8:30-10:00AM	<input type="checkbox"/>	W2045 Eye Examination Skills: Using the Ophthalmoscope (Repeats as W2104)	\$75	\$ _____
		<input type="checkbox"/>	W2103 Asthma/Allergy Gadgets and Tools (Repeats as W2134)		
	2:00-3:30PM	<input type="checkbox"/>	W2104 Eye Examination Skills: Using the Ophthalmoscope (Repeats from W2045)		
		<input type="checkbox"/>	W2105 Otoscopy Workshop (Repeats as W2135)	\$75	\$ _____
	4:00-5:30PM	<input type="checkbox"/>	W2134 Asthma/Allergy Gadgets and Tools (Repeats from W2103)	\$75	\$ _____
		<input type="checkbox"/>	W2135 Otoscopy Workshop (Repeats from W2105)		
MONDAY, NOV. 5	8:30-10:00AM	<input type="checkbox"/>	W3043 Must-Have Gadgets and Technology for the Pediatric Office (Repeats as W3125)	\$75	\$ _____
		<input type="checkbox"/>	W3044 Casting and Splinting Workshop (Repeats as W3078 and W 3107)		
		<input type="checkbox"/>	W3045 Wound Care Workshop (Repeats as W3095)		
	2:00-3:30PM	<input type="checkbox"/>	W3078 Casting and Splinting Workshop (Repeats from W3044 and as W3107)	\$75	\$ _____
		<input type="checkbox"/>	W3095 Wound Care Workshop (Repeats from W3045)		
		<input type="checkbox"/>	W3096 Knee and Shoulder Injuries in the Pediatric Athlete: A Hands-On Review (Repeats as 3132)		
	4:00-5:30PM	<input type="checkbox"/>	W3107 Casting and Splinting Workshop (Repeats from W3044 and W3078)	\$75	\$ _____
		<input type="checkbox"/>	W3125 Must-Have Gadgets and Technology for the Pediatric Office (Repeats from W3043)		
		<input type="checkbox"/>	W3132 Knee and Shoulder Injuries in the Pediatric Athlete: A Hands-On Review (Repeats from W3096)		
TUESDAY, NOV 6	8:30-10:00AM	<input type="checkbox"/>	W4032 Emergencies in the Technology-Dependent Child: What Every Pediatrician Should Know (Repeats as W4074)	\$75	\$ _____
		<input type="checkbox"/>	W4033 Office Spirometry Workshop (Repeats as W4075)		
		<input type="checkbox"/>	W4034 Terrific and Timely Telemedicine Tools II: More Stuff You and Your Patients Need (Repeats as W4076)		
	2:00-3:30PM	<input type="checkbox"/>	W4074 Emergencies in the Technology-Dependent Child: What Every Pediatrician Should Know (Repeats from W4032)	\$75	\$ _____
		<input type="checkbox"/>	W4075 Office Spirometry Workshop (Repeats from W4033)		
		<input type="checkbox"/>	W4076 Terrific and Timely Telemedicine Tools II: More Stuff You and Your Patients Need (Repeats from W4034)		

E TOTAL COURSES + WORKSHOPS FEES: \$ _____



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

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



Last name _____

F CATERED EVENTS

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

F TOTAL CATERED EVENTS FEES: \$ _____

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.

THEME PARK TICKETS AND ORLANDO TOURS

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

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



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