



2019 Pre-Registration Agreement

Full Name: _____ Member of AAP? Yes / No AAP ID: _____

Address: Work Home _____

Street _____ City _____ State _____ Zip _____
Phone: _____ Work Home Mobile Fax: _____ Date of Birth: _____

Primary Email: _____ CC Email: _____ Gender: _____

Designation(s): MD DO DMD ARNP RN PA FCAAP Other(s): _____

Company/Practice: _____ Title/Position: _____

Primary County of Residence/Practice: _____ Do you accept Medicaid? Yes / No

Subspecialty: _____ Florida Medical License #: _____ What is your practice setting:

Private Practice (# of practitioners: ____) Academic Institution Children's Hospital Government Agency Other

Member of FCAAP? Yes / No Include FCAAP Membership with Conference Registration? Yes / No (new members only)

Conference Registration Type (select 1): Black Friday - Cyber Monday Prices good through 11:59pm EST on November 26, 2018.

- ____ FCAAP Member Physician: \$195 – Black Friday-Cyber Monday Pre-Registration Price \$161.00
- ____ FCAAP Member Allied Health: \$120 – Black Friday-Cyber Monday Pre-Registration Price \$92.00
- ____ Non-FCAAP Member Physician: \$395 – Black Friday-Cyber Monday Pre-Registration Price \$345.00
- ____ NEW Physician Membership w/ Registration: \$319 – Black Friday-Cyber Monday Pre-Registration Price \$291.08
- ____ Non-FCAAP Member Allied Health: \$270 – Black Friday-Cyber Monday Pre-Registration Price \$230.00
- ____ NEW Allied Health Membership w/ Registration: \$219 – Black Friday-Cyber Monday Pre-Registration Price \$191.08
- ____ Resident: \$80 – Black Friday-Cyber Monday Pre-Registration Price \$55.20
- ____ Practice Administrator: \$120 – Black Friday-Cyber Monday Pre-Registration Price \$92.00
- ____ Pediatric Medical Student Research Forum: \$50 ____ Pediatric Medical Student (NO Research Forum): \$0

Include Friday Night Family Reception? Yes / No

____ Individual \$30 or ____ Family* (2 adults, plus children under 18 years) \$60

*Family: Will you bring an adult 18+ years: Yes/No # of Kids: Under 3 years ____ 3-9 Years ____ 10-17 Years ____

*Additional Adult Guest \$30 # of additional adults ____ \$30 = \$ _____

Total Due: \$ _____ Payment: Visa Mastercard AMEX Discover Check (Payable to Florida Chapter AAP)

Name on Card: _____ Exp. Date _____ CVV _____

CC# _____ Billing Address _____

Printed Name: _____ Signature: _____ Date: _____