



2016

ANNUAL MEETING

MARCH 31, 2016 · THE BROADMOOR · COLORADO SPRINGS, CO

PROGRAM REGISTRATION

REGISTER ONLINE AT WWW.PEDSPAINMEDICINE.ORG!

If paying by check, please make checks payable to **SPA** and mail to:
2209 Dickens Road, Richmond, VA 23230-2005; Phone: (804) 282-9780; Fax: (804) 282-0090

PLEASE PRINT OR TYPE

Name _____ Degree _____ First Name for Badge _____
Last First MI

Preferred Mailing Address _____

City / State / Zip _____ Email Address* _____

Office Phone _____ Home Phone _____ Fax # _____

Accompanying Person(s) Name(s) _____

*E-mail REQUIRED for registration confirmation.

	Through 3/1/2016	After 3/1/2016
<input type="checkbox"/> SPPM/SPA member	\$275	\$325
<input type="checkbox"/> Non-Member Physician	\$275	\$325
<input type="checkbox"/> Allied Health (PA, CRNA, NP, RN)	\$275	\$325
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow Member	\$50	\$75
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow Non-Member	\$75	\$100
<input type="checkbox"/> PBLD Choice: #1 _____ #2 _____ #3 _____ <i>Refer to the program brochure for details. Enter your first, second and third choices above.</i>	\$15	\$15
<input type="checkbox"/> Creating the Ideal Pediatric Pain Management Service	\$50	\$75
<input type="checkbox"/> Clinician Wellness and Fostering Resilience	\$50	\$75
<input type="checkbox"/> SPA Integrating Acupuncture in Pediatric Perioperative Care and Pain Medicine Workshop	\$70	\$90
<input type="checkbox"/> SPA Advanced Ultrasound Guided Regional Anesthesia Workshop	\$240	\$275

If applying for SPPM Membership, please complete Membership Application, and send with this Registration Form to:

SPPM, 2209 Dickens Road, Richmond, VA 23230-2005

(Credit Card payments may be faxed to 804-282-0090)

Personal Check
 VISA
 MasterCard
 American Express
 Discover

Card No _____ CVV Code: _____ Exp. Date _____

Signature _____ Printed Name on Card _____

Credit Card Billing Address: _____ Credit Card Zip Code: _____

Please note that if you choose to pay by credit card, your statement will reflect a payment to the Society for Pediatric Anesthesia.

Refund Policy: For Workshops, Scientific Meeting and PBLD's, a full refund through 3/1/2016; 50% refund from 3/1 - 3/15/2016; no refunds after 3/15/2016. Refunds will be determined by date **written** cancellation is received.

IF YOU DO NOT RECEIVE A CONFIRMATION E-MAIL FROM THE SPPM WITHIN 30 DAYS OF SUBMITTING YOUR REGISTRATION, PLEASE CALL/EMAIL THE OFFICE TO CONFIRM THAT YOUR REGISTRATION MATERIAL HAS BEEN RECEIVED.