



FIFTH ANNUAL MEETING

March 22, 2018 • JW Marriott Desert Ridge • Phoenix, AZ

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 3/1/2018 | After 3/1/2018 |
|---|------------------|----------------|
| <input type="checkbox"/> SPPM/SPA Member | \$295 | \$345 |
| <input type="checkbox"/> Non-Member Physician | \$345 | \$395 |
| <input type="checkbox"/> Allied Health (PA, CRNA, NP, RN) | \$295 | \$345 |
| <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 Mobile Meeting Guide for details. Enter your first, second and third choices above.</i> | \$25 | \$25 |
| <input type="checkbox"/> Creating the Ideal Pediatric Pain Management Service | \$70 | \$90 |
| <input type="checkbox"/> Ultrasound Guided Interventional Techniques in Chronic Pain Management | \$85 | \$105 |
| <input type="checkbox"/> Clinical Research & Publications: Perils, Pitfalls and Pearls | \$35 | \$50 |
| <input type="checkbox"/> NEW! Baby Spinals | \$70 | \$90 |
| <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 3/1/2018; 50% refund from 3/2 - 3/15/2018; no refunds after 3/15/2018. 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.