



SEVENTH Annual Meeting

February 26-28, 2020 • Atlantis • Paradise Island • Bahamas

PROGRAM REGISTRATION

REGISTER ONLINE AT SPPMMMGMG.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) _____

Emergency Contact (optional): _____ Relationship: _____ Phone: _____

***E-mail REQUIRED for registration confirmation.**

	Through 1/17/2020	After 1/17/2020
<input type="checkbox"/> SPPM/SPA Member	\$295	\$345
<input type="checkbox"/> Non-Member Physician	\$345	\$395
<input type="checkbox"/> Advanced Practice Provider (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
WORKSHOPS		
<input type="checkbox"/> Wed. Ultrasound Guided Interventional Techniques in Chronic Pain Management	\$100	\$150
<input type="checkbox"/> Wed. Pain and Symptom Management in Pediatric Palliative Care	\$70	\$90
<input type="checkbox"/> Wed. MythBusters: Opioids in Chronic Pain Patients - Recognizing Problems and Prescribing Safely	\$70	\$90
<input type="checkbox"/> Thu. Basic Ultrasound Guided Pediatric Regional Anesthesia	\$100	\$150
<input type="checkbox"/> Thu. Integrating Acupuncture in Pediatric Perioperative Care and Pain Medicine	\$70	\$90
<input type="checkbox"/> Thu. Creating Enhanced Recovery After Surgery Protocols	\$70	\$90
<input type="checkbox"/> Thu. Pediatric Anesthesia Research - Priorities, Practicalities and Proposals	\$70	\$90
<input type="checkbox"/> Donation to SPPM Education & Research Fund* (\$50 suggested) <i>*SPPM is a Section of SPA. SPA is a 501(c) 3 organization and your donations are tax deductible as allowed by law. All voluntary contributions will be acknowledged.</i>		\$ _____

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: A full refund through 1/17/2020; 50% refund from 1/18 - 2/1/2020; no refunds after 2/1/2020. Refunds will be determined by date **written** cancellation is received.

If you do not receive a confirmation e-mail from the SPPM within 10 days of submitting your registration, please call/email the office.