6th ANNUAL MEETING

March 14, 2019 • Marriott Marquis • Houston, TX

PROGRAM REGISTRATION

REGISTER ONLINE AT SPPMMMG.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 2/7/2019	After 2/7/2019
❒ **SPPM/SPA Member**	**$295**	**$345**
❒ **Non-Member Physician**	**$345**	**$395**
❒ **Allied Health (PA, CRNA, NP, RN)**	**$295**	**$345**
❒ **Resident ❒ Fellow Member**	**$50**	**$75**
❒ **Resident ❒ Fellow Non-Member**	**$75**	**$100**
❒ **PBLD Choice: #1____ #2_____ #3_____** *Refer to the Mobile Meeting Guide for details. Enter your first, second and third choices above.*	**$25**	**$25**
❒ **Myth Busters (Part 1): Opioids Myths and Prescribing Safeguards for the Anesthesiologist**	**$70**	**$90**
❒ **Ultrasound Guided Interventional Techniques in Chronic Pain Management**	**$85**	**$105**
❒ **Clinical Research & Publications: Perils, Pitfalls and Pearls**	**$70**	**$90**
❒ **Baby Spinals**	**$70**	**$90**
❒ **Behavioral Health Interventions to Facilitate Comfort in Youth with Chronic Pain**	**$70**	**$90**
❒ **SPA: Integrating Acupuncture in Pediatric Perioperative Care and Pain Medicine Workshop**	**$70**	**$90**
❒ **SPA: Advanced Ultrasound Guided Regional Anesthesia Workshop**	**$240**	**$275**
❒ **SPA: Myth Busters (Part 2 - Friday, March 15): Opioids Myths and Building Adaptive Patient Interactions**	**$70**	**$90**
❒ **Donation to SPPM Education & Research Fund* ($50 suggested)** **SPPM is a Section of SPA. SPA is a 501(c) 3 organization and your donations are tax deductible as allowed by law. All voluntary contributions will be acknowledged.*		**$**_____

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 2/7/2019; 50% refund from 2/8 - 2/22/2019; no refunds after 2/22/2019. 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.