PEDIATRIC DERMATOLOGY FOR THE PRACTITIONER
Registration Form

REGISTER ONLINE! www.SDPedsDermConference.com

☐ Pediatrician ☐ Dermatologist ☐ Resident ☐ Fellow ☐ RN ☐ NP ☐ PA ☐ DO ☐ Other

Name: _____________________________________________________________

Mailing address: ___________________________________________________

City: __________________________________ State: _____ Zip: __________ Country: _______

E-mail: ______________________________________ Phone: __________ Fax: ______

How did you hear about this conference? Brochure ___ E-Mail ___ Colleague ___ Advertisement ___Online ___

Registration Fee: (Please check appropriate box) On or before After

☐ Physicians/Others $350 $375

☐ Non-Physician Personnel (Pharmaceutical Industry) $400 $425

☐ Allied Health Professionals (PA/NP/RN/Retired Physician) $230 $255

☐ RCHSD Medical Staff & Affiliated Physicians $300 $325

☐ RCHSD Allied Health (PA/NP/RN/Retired Physician) $150 $175

☐ Medical Trainees (Residents only- select CHECK below, no credit card) $100 $125

☐ Medical Trainees (Medical & Nursing Student (w/letter)) $100 $125

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Method of Payment: All payments must be in $USD, drawn on a U.S. bank, and received prior to the conference. Note: **AMEX via fax or mail only**

☐ Check: Make payable to RCHSD/DERM. Federal Tax ID #95-1691313

☐ Credit Card: Charge $USD _____________ to the following card: ☐ VISA ☐ MasterCard

Credit Card #: _____________________________________________________________

Exp. Date (MM/YY): _____________ 3 Digit Security Code: ______________

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Mail To: Rady Children’s Hospital-San Diego
Continuing Medical Education (CME)
3020 Children’s Way, Mail Code 5017
San Diego, CA 92123

QUESTIONS?
Contact: cme@rchsd.org
Telephone: (858)966-4972
Fax: (858) 966-8018

Cancellation Policy: Conference registration cancellations received by March 20, 2015 will be subject to an administrative charge of $50.00. There will be no refunds for cancellations after March 21, 2015. All cancellations must be in writing; send to: cme@rchsd.org.