

# Registration Form

## 22<sup>nd</sup> Annual Frontiers in Pediatrics

December 6-8, 2019 - Francis Marion Hotel • Historic Charleston, SC

By completing this form, you agree to the cancellation policy outlined in the brochure.

Last Name (please print clearly)

First Name

Middle Initial

☐ MD ☐ DO ☐ NP ☐ PA ☐ Other (specify) \_\_\_\_\_

Email (Please provide your active email address to ensure proper receipt of all CME credit documentation)

Address

City

State

Zip

Office Telephone

Office Fax

ID Number (last four digits of your SSN)

☐ I do NOT want my name included on the list of participants that will be handed out at the conference.

What is your primary medical specialty? (Check ONE)

☐ Pediatrics ☐ Family Medicine ☐ Other (specify) \_\_\_\_\_

### Saturday Afternoon Workshops (No additional charge)

Please Choose **Option 1 (two 1-hour workshops)** or **Option 2 (one 2-hour workshop)** for Saturday Afternoon

#### ☐ Option 1: (Select Two 1-Hour Workshops)

Workshop 1: 2:00-3:00 pm (select one)

☐ Transitions of Care: Developing a Practice Plan

☐ Trauma, Stress & ACEs: What Do I Need to Know to Actually Help My Patients?

Workshop 2: 3:15-4:15 pm (select one)

☐ Transitions of Care: Developing a Practice Plan

☐ Trauma, Stress & ACEs: What Do I Need to Know to Actually Help My Patients?

#### ☐ Option 2: (Select One 2-hour workshop)

Workshop 3: 2:00-4:00 pm

☐ Pediatric Obesity in Primary Care: The Brenner FIT® Method

Workshop 4: 2:00-4:00 pm

☐ Evaluation and Treatment of Common Pediatric Injuries, *Limit 60 People*

### Please check your tuition category:

☐ Physician in Practice (with Printed Syllabus)

Early Bird  
(on or before 9/30)

☐ \$535

Full Rate  
(on or after 10/1)

☐ \$585

**Limited Availability!**  
On-Site

N/A

☐ Physician in Practice (with Online Syllabus)

☐ \$495

☐ \$545

☐ \$595

☐ Retired, Resident, NP, RN, PA, Other (with Printed Syllabus)

☐ \$460

☐ \$510

N/A

☐ Retired, Resident, NP, RN, PA, Other (with Online Syllabus)

☐ \$420

☐ \$470

☐ \$520

The fee includes continental breakfasts, coffee breaks, access to online course syllabus and credit processing. Please note: Those that choose not to order a printed conference syllabus will save \$40.00 off of their conference registration fee!

Payment must accompany registration.

☐ Check Payable to **Medical University of South Carolina**

☐ Master Card

☐ Visa

☐ American Express

☐ Discover

Cardholder's Name

Card Number

Expiration Date

### Please use ONE of these methods to register (do not mail if previously faxed or telephoned):

• **Mail** registration form with check or credit card information to Elizabeth Gossen, MUSC - Office of CME, 96 Jonathan Lucas Street HE 221A, MSC 754, Charleston, SC, 29425 • **Telephone:** (843) 876-1925 - Registration by credit card only • **Fax:** (843) 876-1931 - Registration by credit card only • **Online:** Please visit <https://tinyurl.com/2019-Frontiers-Registration>