

# Registration Form

## 25<sup>th</sup> Annual Frontiers in Pediatrics

December 2-4 2022 - 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 ID Number (last four digits of your SSN) Phone

\_\_\_\_\_  
Address City State Zip

- YES I give permission to the MUSC Office of CME to share my name, city, and state with other attendees and the companies that will be exhibiting at and/or supporting the conference through educational grant
- NO I do not give permission to the MUSC Office of CME to share my name, city, and state with other attendees and the companies that will be exhibiting at and/or supporting the conference through educational grant

What is your primary medical specialty?  Pediatrics  Family Medicine  Other \_\_\_\_\_

### Please check your tuition category:

	Early Bird (on or before 9/30)	Full Rate (on or after 10/1)
In-person Attendance	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550
Virtual Attendance	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Access to Recorded Videos (Optional)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100

The fee for in-person attendance includes tuition, breaks, online syllabus and certificates of attendance. The fee for virtual attendance includes tuition, online syllabus, and certificates of attendance. **Please note: for virtual registrations, a minimum number of participants must register to be able to offer the virtual meeting. If this minimum is not met, you will be notified by November 17, 2022, and will be given the option to change to in-person registration or receive a full refund. If the virtual registration option is canceled, the video access option would also be canceled and a refund will be issued to anyone that purchased access to the videos.**

**Saturday Afternoon Workshops (No additional charge)** Please Choose Option 1 (two 1-hour workshops) or Option 2 (one 2-hour workshop)

- Option 1: (Select Two 1-Hour Workshops)**  
Workshop 1: 2:00-3:00 pm (select one)  Radiology  
 Identifying Patients Experiencing Traumatic Stress in Pediatric Primary Care Settings  
Workshop 2: 3:15-4:15 pm (select one)  Radiology  
 Identifying Patients Experiencing Traumatic Stress in Pediatric Primary Care Settings
- Option 2: (Select One 2-hour workshop)**  
Workshop 3: 2:00-4:00 pm  Pediatric Diabetes - Updates in Management and New Technologies  
Workshop 4: 2:00-4:00 pm (Limit 40 People)  Evaluation & Treatment of Sports Related Injuries/Ailments in Pediatric Athletes

### Payment must accompany registration:

Check Payable to **Medical University of South Carolina**  Master Card  Visa  AX  Discover

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Cardholder's Name

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Card Number Expiration Date CVV Code

**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:** To register through the online portal, please use your camera on the QR Code

