Registration Form

28th Annual Frontiers in Pediatrics December 5-7, 2025 - Hyatt Place Hotel • Historic Charleston, SC

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

Last Name (please print clearly)	Middle Initial					
Email		ID Number (last four dig	its of your SSN)	 Phone		
Address	City		State	Z	ip	
☐ YES I give permission to the MUSC (companies that will be exhibiting at	Office of CME to sha and/or supporting	ire my name, city, and the conference throu	state with other a gh educational g	attendees and rant	the	
☐ NO I do not give permission to the N companies that will be exhibiting at	MUSC Office of CME and/or supporting	to share my name, ci the conference throu	ty, and state with Igh educational g	other attende rant	es and the	
What is your primary medical specialty?	☐ Pediatrics	☐ Family Me	dicine	Other		
Please check your tuition category: In-person Attendance Virtual Attendance Access to Recorded Videos (Optional)		Early Bird (on or before 9/30) ☐ \$525 ☐ \$575 ☐ \$150	Full Rate (on or after 10/1) \$575 \$625 \$150			
The fee for in-person attendance includes tuition tuition, online syllabus, and certificates of attend to be able to offer the virtual meeting. If this mirchange to in-person registration or receive a ful canceled and a refund will be issued to anyone	ance. Please note: for nimum is not met, yo l refund. If the virtua	virtual registrations, a u will be notified by No l registration option is c	minimum number vember 21, 2025, a	r of participants nd will be giver	s must register I the option to	
Saturda	ay Afternoon W	orkshops (No additio	onal charge)			
Choose (1) 2-hour worksl	hop or (2) 1-hour w	vorkshops:			
	m Plate to Preventior In Person or Virtual V	n: A Culinary Workshop Vorkshop**)	for Better Health			
		n Context: Integrating Practical Coping Strategies into Pediatric Visits (In Person Only) Common Abdominal Emergencies in Pediatric Patients (In Person Only)				
		minal Emergencies in P rating Practical Coping S			erson Only)	
Payment must accompany registrat	ion:					
□ Check Payable to Medical University of S	outh Carolina [Master Card	☐ Visa	\square AX	☐ Discover	
Cardholder's Name						
Card Number		Expiration Date		C	VV Code	
Please use ONE of these methods to register (do	not mail if previously	r faxed or telephoned):				

• Mail registration form with check or credit card information to Heidi Callahan, MUSC - Office of CME

96 Jonathan Lucas Street, HE 601, 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