## **Registration Form**

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

December 3-4, 2021 - 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 a	nddress to ensure proper receipt o	of all CME credit documentat	ion)
Address			
Address			
City Sta	ate Zip		
Office Telephone	Office Fax	ID	Number (last four digits of your SSN)
I do NOT want my name in	cluded on the list of partici	ipants that will be hand	led out at the conference.
What is your primary medical spec		pecify)	
Please check your tuition catego	ory:	Early Bird (on or before 9/30)	Full Rate (on or after 10/1)
In-person Attendance*		\$450	\$500
Virtual Attendance Access to Recorded Videos (Optiona	1)	□ \$400 □ \$100	□ \$450 □ \$100
*In-person attendance limited to 125 pe		e, 1st serve basis.	
The fee for in-person attendance includ tuition, online syllabus, and certificates		abus and certificates of at	tendance. The fee for virtual attendance includes
Payment must accompany registra Check Payable to <b>Medical Unive</b> Master Card		Discover	
Cardholder's Name			
Card Number		Expiration Date	CVV Code
Please use ONE of these methods to re • Mail registration form with check or c Elizabeth Gossen, MUSC - Offi 96 Jonathan Lucas Street HE 2 Charleston, SC, 29425	redit card information to ce of CME	-	
• <b>Telephone:</b> (843) 876-1925 - Registratio	on by credit card only		
• Fax: (843) 876-1931 - Registration by cr	edit card only		
Online: Please visit tinyurl.com/Front	tiers2021online		