

# 2016 KAAP Spring CME Meeting Registration

Name \_\_\_\_\_ Designation \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## CONFERENCE ATTENDANCE

Please circle the appropriate boxes below according to occupation and days/events attending.

<u>Registration</u>	<u>Friday Only</u> Plenary CME - 6.0	<u>Thursday Evening Event</u> CME—.75 \$30 per person	<u>Total</u>
Pediatrician / Physician	\$140	____ x \$30 Chicken ____ Vegetarian ____	\$_____
NP/PA/Nurses/ Other	\$110	____ x \$30 Chicken ____ Vegetarian ____	\$_____
Emeritus Fellows	\$65	____ x \$30 Chicken ____ Vegetarian ____	\$_____

**\*\* Residents register with your Residency Program Director\*\***

**Total Meeting Fees \$\_\_\_\_\_**

\_\_\_\_ I would like a vegetarian meal option for lunch

Credit Card—Visa, American Express, MasterCard or Discover accepted

CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_\_ CSC # \_\_\_\_\_

Print Name (as on card) \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

**Bring completed form to the**

**Hampton Inn & Suites to register.**

Any questions, please call 913-780-5649.