

# Progress in Pediatrics (PIP) Fall 2020

Name \_\_\_\_\_ Designation \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## CONFERENCE ATTENDANCE

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

Registration	Both Days (Thurs/Fri) CME - 9.0	Thursday Only CME - 3.0	Friday Only CME - 6.0	Thursday Eve. Dinner \$15 per person	Total
Pediatrician/Physician	\$160	\$85	\$125	___ x \$15	\$_____
Pediatrician/Physician (Non-KAAP Member)	\$220	\$145	\$185	___ x \$15	\$_____
NP/PA/Nurses/Other	\$125	\$85	\$95	___ x \$15	\$_____
Emeritus Fellows	\$90	\$70	\$70	___ x \$15	\$_____

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

**TOTAL FEES: \$**\_\_\_\_\_

\_\_\_ I would like a vegetarian meal option for Thursday Dinner

\_\_\_ I would like a vegetarian meal option for Friday Lunch

Check: payable to  
Kansas Chapter of AAP

Mail/fax completed registration form &  
payment:

KAAP  
PO Box 860481  
Shawnee, KS 66286

FAX: 866-519-0365

Any questions, please call 913-530-6265

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

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

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

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

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

Signature \_\_\_\_\_

