



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Mississippi Chapter

2023

Spring Pediatric Conference

Saturday, March 4, 2023

William Carey University

Hattiesburg, Mississippi

www.aapms.org

ATTENDEE REGISTRATION FORM

Full Name: _____ Title (MD/DO/PhD): _____
Last First M.I.

Clinic: _____

Address: _____
Street Address Apt/Ste #

City State Zip Code

Mobile Phone: _____ Email: _____

Member: Yes No Physician Resident/Student Other Professional _____

Do you have any allergies or dietary restrictions? Yes No *If yes, please indicate:* _____

Pursuant to the Americans with Disabilities Act do you require specific aids or services to fully participate in our event? Yes No *If yes, please indicate:* _____

REGISTRATION FEES

	AAP Member	Non-Member Or Other Professional	Resident / Student
	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$125.00	<i>Residents and students may attend at no charge. Must provide proof of residency and/or student ID to qualify.</i>
After 2/17/23	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$135.00	

PAYMENT INFORMATION

 **Card Number:** _____

 **Expiration Date:** _____ **CVV Security Code:** _____

 **Cardholder Name:** _____ **Signature:** _____

Check **Billing Address:** _____

Total Due: \$ _____ **City** _____ **State** _____ **Zip** _____

Make checks payable to: *Mississippi Chapter - AAP | P.O. Box 296 | Madison, MS 39130*

CANCELLATION POLICY

Refunds may be granted if written cancellation is received 10 working days prior to the conference in writing. MSAAP reserves the right to cancel this program if sufficient pre-registrations are not received. If the event is canceled, all prepaid registration fees will be refunded in full. All correspondence should be sent to MS-AAP, P.O. Box 296, Madison, MS 39130, or e-mail director@aapms.org.