## PEDIATRICS SYMPOSIUM REGISTRATION FORM MYRTLE BEACH, SC May 3-4, 2019

Please complete the contact information for the Individual Registrant or the group Point of Contact. First name \_\_\_\_\_Last Name \_\_\_\_\_ Clinic/School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_ Phone (\_\_\_\_\_\_ Email \_\_\_\_\_ Friday Only Registration Type Full Conference Saturday Only Early registration ends 1/31/19 Early bird/regular early bird/regular early bird/regular ACA Pediatrics Council member \$299/\$399 \$200/\$300 \$200/\$300 \$349/\$449 \$249/\$349 \$249/\$349 **ACA Member General registration** \$399/\$499 \$300/\$400 \$300/\$400 \$70/\$170 \$50/\$110 \$50/\$110 **Student ACA member Student Group Registration Student Group Discounts** ☐ Check if Attendee #1 is the same as the main contact Group registrations must be received in one package by 3/1/2019. **Full Name** Group 5-9 \$60 per person City, State Group 10+ \$50 per person **Email Payment Information Full Name** Registration Individual City, State **Email** Registration Group 5-9 \_\_\_\_ # of Attendees x \$60 **Full Name** Registration Group 10+ # of Attendees x \$50 City, State Total □ Check Payable to the ACA Pediatrics Council Email □ Credit Card: □ VISA □ MASTERCARD □ AMERICAN EXPRESS **Full Name** City, State Card #: Expire Date: \_\_\_\_\_ CVV: \_\_\_\_ **Email** Name on Card: **Full Name** Signature of Cardholder: \_\_\_ City, State ACA reserves the right to charge the total amount due based on the attendee's **Email** registration category eligibility and total purchases.