REGISTRATION FORM

45th Annual Teaching Conference Pediatrics for the Practitioner
June 5 - 7, 2009 - Hyatt Regency Hill County Resort & Spa - San Antonio, TX

Name (please print): _____
First MI Last

Credentials: ☐MD ☐DO ☐NP ☐Other_____
Please Specify

Specialty: _____ Institution: _____

Daytime Phone: _____Fax: _____ Email: _____

Address: _____City _____ State _____ Zip_____

Do you have special requirements? ☐ Yes ☐ No If yes, you will be contacted to see how we can assist you.

Luncheon Seminars and Workshops

Friday Luncheon Seminars
(You will attend one Seminar Friday) (Indicate three preferences):

____ F1 Disorders of Puberty
____ F2 Reconciling Current ACIP and COID Immunization Recommendations with Parental Vaccine Anxiety
____ F3 Pediatric Sedation
____ F4 Interpreting Imaging Studies on Pediatric Patients
____ F5 Pediatric Dentistry for Pediatricians

Saturday Luncheon Seminars
(You will attend one Seminar Friday) (Indicate three preferences):

____ S1 Visual Diagnosis
____ S2 Otitis Media: Yes or No? (A Video Otoscopic Journey)
____ S3 Pediatric Dermatology
____ S4 Straightforward Solutions for Common Neurology Problems: Headaches & Seizures - Pediatric Patients
____ S5 Optimizing Adolescent Health: Preventive Services Update

Registration Fees:	***On or Before June 1, 2009***	***After June 1, 2009***
Physician:	_____ $425.00	_____ $450.00
Advanced Practice Nurses:	_____ $275.00	_____ $300.00
Resident Physicians: $225.00 with verification letter		

☐Check Enclosed – (make payable to **UTHSCSA CME - 125005**)

Please charge my ☐Visa ☐ MasterCard ☐ Discover ☐AMEX

Card Holder Name _____
(Please print as it appears on card)

Signature (required) _____

Card Number _____ Exp. Date_____/_____

Confirmation: All early registrations are confirmed in writing. If you do not receive a confirmation within 2 weeks of registering, please contact us at (210) 567-4446 or 1 (866) 601-4448

Conference Agenda and Hotel information available on our Website: http://cme.uthscsa.edu

To Register:
- By FAX: (210) 567-6964 (include this registration form with credit card information)
- By Mail: Return your completed registration form and payment to:

UT Health Science Center San Antonio
Continuing Medical Education
MSC – 7980, 7703 Floyd Curl Drive
San Antonio, Texas 78229-3900

Cancellations: If you must cancel your registration, your registration fee will be refunded less a $40 handling fee if notice is received one week prior to the conference.