

APPD 2012 Annual Meeting ~ March 28 - 31 ~ San Antonio, TX
ADVANCE REGISTRATION

Name _____ Degree _____ Title _____
First name for Badge _____ Subspecialty (if applicable) _____
First time at APPD meeting? Yes No How long at a Peds Residency Program? _____ years _____ months
How long at your current position? _____ years _____ months
Program Name _____ Number of residents at your program per year: _____
Address _____
Phone _____ Fax _____ Email _____

Please check all sessions you plan to attend

WEDNESDAY, MARCH 28

8:00am - 11:00am
 Forum for Directors of Small Programs/ Affiliate Chairs
8:00am - 3:30am
 Forum for Chief Residents (includes breakfast & box lunch)
 Rising Chief Graduating Chief

11:00am - 3:30pm
Pre-Conference Workshops (additional fee required, includes lunch)
Select one: Teaching Residents Leading Teams

1:30pm - 2:00pm
 Coordinators' Orientation

2:00pm-2:30pm
 Coordinators' Mini-Plenary

2:30pm-5:45 pm
Coordinators' Workshops (select those you plan to attend)
 C1: 2:30-3:30 C2: 3:45-4:45 C3: 4:45-5:45

3:45pm - 5:45pm
Grassroots Forum for:
 Program Directors Associate Directors Fellowship Directors

5:45pm - 6:45pm
 Networking Reception

THURSDAY, MARCH 29

7:45am - 9:00am
 Breakfast and Platform Presentations

9:15am - 10:30am
 APPD Awards and Annual Reports

10:30am - 12:00pm
Task Force Meetings--select one
 Curriculum Learning Technology Evaluation
 Research & Scholarship Faculty & Professional Development

Coordinators' Task Force Meetings--select one
 Management/Supervision Tools Professional Development

1:30pm - 2:00pm
 APPD Presidential Address

2:00pm - 3:50pm
 Special Plenary Presentation

4:00pm - 5:30pm
 Mentoring Session
 Am currently in APPD Mentor- Mentee dyad
 Serving as Mentor Serving as Mentee
 Wish to enter into APPD Mentor-Mentee dyad
 Wish to be a Mentor Wish to be a Mentee

4:00pm - 6:00pm
Coordinators' Workshops (select those you plan to attend)
 C4: 4:00-5:00 C5: 5:00-6:00

FRIDAY, MARCH 30

7:00am - 8:00am
 APPD Governance Panel Presentation

8:00am - 10:00am Workshops I
First Choice _____ Second Choice _____

IMPORTANT: You may register for EITHER Workshops 1-8 (Workshop Session I, above) OR Coordinators' Workshops C6/C7 (below).

8:00am - 12:15pm
Coordinators' Workshops (select those you plan to attend)
 C6: 8:00-9:00 C8: 10:15-11:15
 C7: 9:00-10:00 C9: 11:15-12:15

IMPORTANT: You may register for EITHER Workshops 9-16 (Workshop Session II, below) OR Coordinators' Workshops C8/C9 (above).

10:15am - 12:15pm Workshops II
First Choice _____ Second Choice _____

12:45pm - 2:15pm
Regional Lunch Meetings--select one
 Mid-America Mid-Atlantic Midwest New England
 New York Southeast Southwest Western

2:15pm - 3:45pm
 Poster Session

3:30pm - 5:00pm
Coordinators' Task Force Meetings--select one
 Management/Supervision Tools Professional Development

3:45pm - 4:45pm
Task Force Meetings--select one
 Curriculum Learning Technology Evaluation
 Research & Scholarship Faculty & Professional Development

4:45pm - 6:15pm
 Global Health Meeting

SATURDAY, MARCH 31

8:00am - 9:00am
 Wrap-Up Session from Grassroots Forums/Continental Breakfast
 Wrap-Up Session from Coordinators' Session/Continental Breakfast

9:15am - 10:45am Workshops III
First Choice _____ Second Choice _____

11:15am - 12:45pm Workshops IV
First Choice _____ Second Choice _____

*Please review program for all workshop descriptions. Space is limited.
Choices will be assigned on a first come basis.*

REGISTRATION FEES

- APPD Member:..... \$485 (by March 1) \$535 (on-site)
- Non-Member: \$585 (by March 1) \$635 (on-site)
- Resident/Fellow Registration: \$200
- Presenting-Only: \$200*
- Resident/Fellow Presenting-Only: waived
- Pre-Conference Workshop (includes boxed lunch): \$95 (by March 1) \$105 (on-site)

TOTAL AMOUNT ENCLOSED \$_____

.....
Payment by CHECK is preferred. APPD must pay a fee to process each credit card charge.

Check or Money Order (made payable to APPD)

Credit Card (Visa/Mastercard only)

Credit Card Number: _____ Expiration Date: _____

Signature: _____
.....

** For non-members presenting a workshop, but not attending other sessions at the APPD Annual Meeting, the presenting-only fee is \$200.00 per person to a maximum of \$500/workshop for all presenters. Please contact the APPD office to register as a group and qualify for this discount.*

Important: Please note that ALL presenters are expected to register and pay for the meeting.

Special Offer for APPD Members:

The (4th) person registering from the same program is free if received by March 1.
(All 4 must be APPD members and the first 3 must pay the FULL registration fee. Discounted fees, such as those for residents/fellows, may not be counted as one of the first 3 registrations.)
PLEASE REGISTER AS A GROUP TO QUALIFY FOR THIS DISCOUNT.

This form may be reproduced. Only one registrant per form. APPD Tax ID#: 54-2015821.
Return form and payment (checks made out to APPD) by mail to:

Association of Pediatric Program Directors
6728 Old McLean Village Drive
McLean VA 22101-3906

Forms with credit card payment info may be faxed to 703-556-8729.

Meeting confirmations will be emailed in late February and March

Please see page 47 for Cancellation Policy and Photo Release

CME credit for the APPD program is included in your registration fee.

For APPD Office Use Only:
Date Received _____
Check # _____
Amount _____