



2018 Annual Fall Meeting
 October 11-12, 2018
 Hilton Philadelphia at Penn's Landing
 Philadelphia, Pennsylvania

Onsite Registration

(Please print clearly)

Name: _____ Degree: _____ Title: _____

First name for Badge: _____ Subspecialty (if applicable): _____

First time at APPD meeting? Yes No How long at your current position? _____ years _____ months

How long at a Peds Residency/Fellowship Program? _____ years _____ months

Program Name: _____ Number of residents/fellows at your program per year: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Emergency Contact information (name/phone number): _____

Dietary restrictions: Gluten Free Peanut Vegetarian Other (please describe): _____

How did you hear about this meeting? _____

Please indicate which track you will follow:

- Categorical Directors (PD) Fellowship Directors (FPD) Associate Program Directors (APD)
 Categorical Coordinators (PC) Fellowship Coordinators (FC) Other Key Personnel (OKP) – follows PD track

Fall Meeting registration includes continental breakfasts on Thursday and Friday, lunches on Thursday and Friday, and the Networking Reception and Keynote Dinner on Thursday evening. Wifi access will also be provided in the meeting rooms, courtesy of APPD.

Is this your first time attending the Fall Meeting? Yes No

Will you attend the "Program Organization 101" session on Thursday morning, October 11th? Yes No

Will you arrive in time for the Community Building lunch at 12:00 noon on Thursday, October 11th? Yes No

Will you attend the Keynote Dinner on Thursday evening, October 11th? Yes No

Would you prefer a Vegetarian meal option for the Keynote Dinner? Yes No

It is important that you check the box for attending the Thursday Keynote Dinner ONLY if you are definitely planning to be there.

Fall Meeting Registration Fee: \$595.00

Total Enclosed: _____

Payment Information: 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)

Card Number: _____ CVD: _____ Exp Date: _____ Signature: _____

Return form and payment (checks made out to APPD) by mail to:

Association of Pediatric Program Directors
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