PRE-REGISTRATION FORM

Name: ______________________________________________ Degree: ______ Title: __________________________

First name for Badge: __________________________________ Subspecialty (if applicable): __________________________

First time at MPPDA meeting?  O Yes O 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 Name: __________________________________ Phone: ___________________

Dietary Restrictions: □ None □ Gluten Free □ Peanut Allergy □ Vegetarian □ Other (please describe): ____________

Please check all sessions you plan to attend

Tuesday, April 4

8:30am - 9:30pm □ Plenary Session I

9:40am-10:40am □ Workshop Session 1

1 / 2 / 3 (please circle one)

10:50am-11:50am □ Plenary Session II

11:50am-12:50pm □ Group Activity

12:50pm-1:50pm □ MPPDA Awards Lun

1:30pm-2:30pm □ AMPPA (Breakout Sessions)

2:00pm-3:30pm □ MPPDA Committee Meetings (select 1)

☐ Accreditation ☐ Curriculum ☐ Recruiting

☐ Research ☐ Transitional Care

2:30pm-4:00pm □ AMPPA (Breakout Sessions)

4:00pm-5:30pm □ Poster Session/Welcome Reception

6:30pm-9:30pm □ 50th Anniversary Dinner (off-site)

(additional fee required)

Wednesday, April 5

7:00am-8:00am □ Continental Breakfast

8:00am-8:30am □ MPPDA Presidential Address

8:30am-9:30am □ Plenary Session III

9:45am-10:45am □ Breakout Sessions

1 / 2 / 3 / 4 / 5 (please circle one)

11:00am-12:15pm □ AMPPA Panel Discussion

12:30pm-1:30pm □ Keynote Address

1:45pm-3:00pm □ Plenary Session IV

3:15pm-4:15pm □ Membership Networking Session

4:00pm-5:30pm □ AMPPA Panel Discussion

6:30pm-9:30pm □ AMPPA (Small Groups Breakouts)

* Please review program for all workshop and breakout descriptions.

MPPDA 2017 Registration Fees

Early (by March 15th) $499  Onsite (after March 15th) $525

MPPDA Registration ____________________________________________ $90  MPPDA 50th Anniversary Dinner / off-site ________________

TOTAL AMOUNT ENCLOSED $_________

☐ Please check here to confirm you have read and understand the APPD Cancellation Policy and fees.

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: ________ CVV/CID: ________

Signature: __________________________________________

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

This form may be reproduced. Only one registrant per form. APPD Tax ID#: 54-2015821.

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

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