



# 7<sup>th</sup> Annual Conference

## September 15-17, 2021

*Brought to the learner in virtual format*



Online registration is available at [www.urgentcarepedis.org](http://www.urgentcarepedis.org)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Specialty: \_\_\_\_\_ \*Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

Hospital/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Phone ( H  W  C): \_\_\_\_\_

*\*Email required for registration confirmation.*

Registration	Through Sept. 5	After Sept. 5
<input type="checkbox"/> Provider Member (MD, DO, NP, PA)	\$275	\$300
<input type="checkbox"/> Provider Non-Member	\$325	\$350
<input type="checkbox"/> Clinical Administrator/Allied Health Member (RN, healthcare administrator or educator)	\$200	\$225
<input type="checkbox"/> Clinical Administrator/Allied Health Non-Member	\$225	\$250
<input type="checkbox"/> Fellow <input type="checkbox"/> Resident <input type="checkbox"/> Student	\$135	\$160
<b>TOTAL \$</b>		_____

### Concurrent Workshops: 4:00-5:00 PM ET

Included with registration fee. One workshop must be selected for each to complete registration.

#### Wednesday, September 15

- Fingertip/Nailbed Injuries
- Foreign Body Removal
- Splinting

#### Thursday, September 16

- Fingertip/Nailbed Injuries
- Foreign Body Removal
- Splinting

### Virtual Wine Tasting: Wednesday, September 15, 6:00 - 7:30 PM ET

*Complimentary with registration; advance registration is required and space is limited. Participants will receive a list of wines to purchase prior to the event.*

I will attend the Virtual Wine Tasting

I have read and agree to the **Refund Policy**: 80% refund through September 5; no refunds after September 5. Refunds will be determined by the date the written cancellation request is received at [spuc@urgentcarepedis.org](mailto:spuc@urgentcarepedis.org).

**Payment Information:**  Check (Payable to SPUC)  MasterCard  Visa  AmEx

Card Number: \_\_\_\_\_ CVVCode: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Printed Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

## Society for Pediatric Urgent Care

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