



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

## September 27-29, 2023

*Brought to the learner in virtual format*



### MEETING REGISTRATION

Online registration available at [www.urgentcarepeds.org](http://www.urgentcarepeds.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. 11	After Sept. 11
<input type="checkbox"/> Provider Member (MD, DO, NP, PA)	\$525	\$550
<input type="checkbox"/> Provider Non-Member	\$625	\$650
<input type="checkbox"/> Clinical Administrator/Allied Health Member (RN, healthcare administrator or educator)	\$325	\$350
<input type="checkbox"/> Clinical Administrator/Allied Health Non-Member (RN, healthcare administrator or educator)	\$425	\$450
<input type="checkbox"/> Fellow <input type="checkbox"/> Resident <input type="checkbox"/> Student	\$100	\$125
<b>TOTAL \$</b>		_____

I have read and agree to the **Refund Policy**: 80% refund through September 11; no refunds after September 11. Refunds will be determined by the date the written cancellation request is received at [spuc@urgentcarepeds.org](mailto:spuc@urgentcarepeds.org). Educational content is available on demand.

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

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

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

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

### Society for Pediatric Urgent Care

2209 Dickens Road | Richmond, VA 23230 | [www.urgentcarepeds.org](http://www.urgentcarepeds.org) | [spuc@urgentcarepeds.org](mailto:spuc@urgentcarepeds.org) | Phone: 804-565-6393 | Fax: 804-282-0090