



SOCIETY FOR PEDIATRIC URGENT CARE ANNUAL CONFERENCE

Sheraton Norfolk Waterside • Norfolk, VA • April 4-6, 2024
Precourse Leadership Summit • Wednesday, April 3
Institutional Host – Children's Hospital of The King's Daughters

MEETING REGISTRATION

Online registration available at
www.urgentcarepeds.org

First Name: _____ Last Name: _____ Credentials: _____

First Name for Badge: _____ Specialty: _____

Address: _____

City/State/Zip: _____ Phone (☐ H ☐ W ☐ C): _____

Fax: _____ *Email: _____

*Email required for registration confirmation.

Registration for Precourse Leadership Summit - April 3, 2024	Through Mar. 5	After Mar. 5
<input type="checkbox"/> Leadership Summit (Space is limited)	\$190	\$215
Registration for SPUC's 10 th Annual Conference - April 4-6, 2024	Through Mar. 5	After Mar. 5
<input type="checkbox"/> Provider Member (MDs, DOs, NPs, PAs)	\$525	\$550
<input type="checkbox"/> Provider Non-Member	\$625	\$650
<input type="checkbox"/> Clinical Administrator/Allied Health Member (RNs, healthcare administrator or educator)	\$325	\$350
<input type="checkbox"/> Clinical Administrator/Allied Health Non-Member	\$425	\$450
<input type="checkbox"/> Fellow <input type="checkbox"/> Resident <input type="checkbox"/> Student	\$100	\$125
	TOTAL: \$ _____	

Concurrent Workshops: Thursday, April 4 – No additional fee, but selections must be made to complete registration.

<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	GU Exam
<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	Splinting
<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	Procedures Part I: Below the Neck
<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	Procedures Part II: Above the Neck

Tour of CHKD Urgent Care: Saturday, April 6 – No additional fee, but you must register in advance.

Children's Hospital of The King's Daughters will offer a tour of their urgent care facilities at Loehman's Plaza following the conclusion of the conference on **Saturday, April 6** beginning at approximately 1:00 pm. Tour transportation will return the group to the Sheraton Norfolk Waterside, so if you wish to attend the tour, you should plan your final departure from the hotel after 3:00 pm.

☐ I will attend the CHKD tour.

Payment Information: ☐ Check (Payable to SPUC) ☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover

Card Number: _____ CVVCode: _____ Expiration Date: Month _____ Year _____

Card Billing Address: _____ Zip: _____

Printed Name on Card: _____ Signature: _____

☐ I have read and agree to the Refund Policy: 80% refund through 3/5/2024; no refunds after 3/5/2024. Refunds will be determined by the date the written cancellation request is received. All cancellations must be in writing. Contact SPUC headquarters with any questions.

Society for Pediatric Urgent Care

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