



11TH Annual Conference

March 13-15, 2025 | Children's Mercy Hospital | Kansas City, Missouri
Precourse Leadership Summit • Wednesday, March 12

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.

Precourse Leadership Summit - Wednesday, March 12	Through Feb. 13	After Feb. 13
<input type="checkbox"/> Precourse Leadership Summit - 1:30-6:00 pm	\$190	\$225
SPUC's 11 th Annual Conference - Thursday, March 13 - Saturday, March 15	Through Feb. 13	After Feb. 13
<input type="checkbox"/> Provider Member (MD, DO, NP, PA)	\$575	\$600
<input type="checkbox"/> Provider Non-Member	\$675	\$700
<input type="checkbox"/> Clinical Administrator/Allied Health Member (RN, healthcare administrator or educator)	\$375	\$400
<input type="checkbox"/> Clinical Administrator/Allied Health Non-Member	\$475	\$500
<input type="checkbox"/> Fellow <input type="checkbox"/> Resident <input type="checkbox"/> Student	\$100	\$150
TOTAL: \$		_____

Concurrent Workshops - Thursday, March 13 | No additional fee, but selections must be made to complete registration.

Session 1: 2:45 - 3:45			Session 2: 3:45-4:45		
<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	Upper Extremity Exam and Splinting		<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	Upper Extremity Exam and Splinting	
<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	Lower Extremity Exam and Splinting		<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	Lower Extremity Exam and Splinting	
<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	EKG Workshop		<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	EKG Workshop	
<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	Burn/Burn Care		<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	Foreign Body Removal Workshop	
<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	Suturing Workshop		<input type="checkbox"/> First choice <input type="checkbox"/> Second choice	Mock Codes	

Special Requirements: The Society for Pediatric Urgent Care has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accommodations, please enter the relevant information below:

If you have any special dietary restrictions, please list them below:

Your Presence is Your Permission: By registering and attending a Society for Pediatric Urgent Care (SPUC) event/meeting you grant SPUC full rights in perpetuity to use the images resulting from the photography/video filming taken at the event/meeting, and any reproductions or adaptations of the images for publicity or other purposes to help achieve SPUC's mission. This might include (but is not limited to), the right to use them in SPUC's printed publications and in online publicity, social media, and live streaming. **Initial here:** _____

COVID-19 Release & Hold Harmless Agreement: By registering and attending an Society for Pediatric Urgent Care (SPUC) event/meeting you acknowledge that there is an unknown risk of exposure to COVID-19 through exposure to contaminated objects, as well as through personal contact. Such exposure carries with it a certain degree of risk that could result in illness, disability or death. You and your accompanying guest(s) agree to release and hold harmless SPUC, its employees, officers, management company (staff) and vendors from and against all claims of damages and liability resulting from exposure to COVID-19. Registrants/Attendees and guests also warrant they are abiding by their state/locality laws regarding COVID-19 restrictions. **Initial here:** _____

Refund Policy: I have read and agree to the Refund Policy: 80% refund through 2/13/2025; no refunds after 2/13/2025. 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. **Initial here:** _____

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: _____