



For Office Use Only:

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Register online at [AAPexperience.org/conference-registration/](http://AAPexperience.org/conference-registration/)  
Or, fax or mail this form and payment to:

Fax: 847/228-5059 (credit card payment is required)  
American Academy of Pediatrics/Registration  
PO Box 776442, Chicago, IL 60677-6442

## PERSONAL INFORMATION

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AAP ID Number

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Last Name

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Degree

--	--	--	--	--	--	--	--	--	--	--	--

First Name

Organization

Address

City

Country (if other than USA) State/Province ZIP Code

Office Telephone Number Mobile Phone Number

E-mail Address

**Need assistance registering?**  
Call us — we are here to help! 800/433-9016, option 3 OR [registration@aap.org](mailto:registration@aap.org)

**Advance Registration Deadline: September 10, 2021**  
**Cancellation Deadline for Registration: September 24, 2021**

### WORRY-FREE REGISTRATION

We understand that due to COVID-19 you may be hesitant to register, so we have updated our cancellation policy. You may cancel your National Conference registration at any time until September 24, two weeks prior to the start of the conference, for a full refund of your registration fee. All registration changes/cancellations must be sent in writing to [registration@aap.org](mailto:registration@aap.org) by September 24, 2021.

### REQUIRED INFORMATION

<b>Age</b>	<b>Attendee Profile</b>
<input type="checkbox"/> 20–30	<input type="checkbox"/> General Pediatrician
<input type="checkbox"/> 31–40	<input type="checkbox"/> Pediatric Sub-specialist
<input type="checkbox"/> 41–50	<input type="checkbox"/> Hospitalist
<input type="checkbox"/> 51–60	<input type="checkbox"/> Pediatric Surgeon/ Surgical Sub-specialist
<input type="checkbox"/> 61–70	<input type="checkbox"/> Pediatric Resident or Fellow
<input type="checkbox"/> 71+	<input type="checkbox"/> Medical Student
<b>Gender</b>	<input type="checkbox"/> Family Physician
<input type="checkbox"/> Female	<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Male	<input type="checkbox"/> Nurse/Nurse Practitioner
<input type="checkbox"/> Non-binary	<input type="checkbox"/> Practice Manager
<input type="checkbox"/> Other	<input type="checkbox"/> Other (please specify)

**Specialty/Sub-specialty**

<input type="checkbox"/> N/A	<input type="checkbox"/> Neonatology/ Perinatology
<input type="checkbox"/> Adolescent Medicine	<input type="checkbox"/> Nephrology
<input type="checkbox"/> Allergy & Immunology	<input type="checkbox"/> Neurology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Psychology/ Psychiatry
<input type="checkbox"/> Child/Behavioral Health	<input type="checkbox"/> Pulmonology
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Dermatology	<input type="checkbox"/> General Pediatric Surgery
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Cardio/Thoracic Surgery
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Otolaryngology/ ENT
<input type="checkbox"/> Genetics	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Hematology/ Oncology	<input type="checkbox"/> Urology
<input type="checkbox"/> Hospital Medicine	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Infectious Diseases	

**Annual Volume of Products & Services Purchased**

<input type="checkbox"/> N/A	<input type="checkbox"/> \$50,000–\$100,000
<input type="checkbox"/> \$100,000–\$250,000	<input type="checkbox"/> \$250,000–\$500,000
<input type="checkbox"/> \$500,000–\$1,000,000	<input type="checkbox"/> over \$1,000,000

**Military Affiliation**

<input type="checkbox"/> None	<input type="checkbox"/> Active Duty	<input type="checkbox"/> Retired
<input type="checkbox"/> Reserves	<input type="checkbox"/> Separated	

This is my first AAP National Conference & Exhibition.

**Would you like to receive an exhibitor sample box of products? 300 attendees who sign up will be randomly selected to receive the sample box.**

Yes  No

**AAP members save  
up to 30% off registration!**  
Join or renew at [AAP.org/join](http://AAP.org/join)

### FULL CONFERENCE PRICING

	Advance Pricing June 15-Sept 10	Regular Sept 11-Oct 12	
<b>Members</b>	Fellows and other Physicians Members	<input type="checkbox"/> \$420	<input type="checkbox"/> \$525
	Affiliate Members	<input type="checkbox"/> \$300	<input type="checkbox"/> \$375
	Residents, Post-Residency, Seniors	<input type="checkbox"/> \$210	<input type="checkbox"/> \$265
	Medical Students	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
<b>Non-Members</b>	Physicians	<input type="checkbox"/> \$600	<input type="checkbox"/> \$750
	Residents, Post-Residency	<input type="checkbox"/> \$330	<input type="checkbox"/> \$415
	Non-Physicians (Allied Health Professionals, Medical Students, etc.)	<input type="checkbox"/> \$330	<input type="checkbox"/> \$415

**TOTAL ATTENDEE REGISTRATION FEES:** \$

### METHOD OF PAYMENT

- Check enclosed payable to the American Academy of Pediatrics (US Only)
- VISA     MasterCard     Discover     American Express

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Card Number																	Exp. Date (MM/YY)						

Cardholder Zipcode

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Name as it appears on card (please print)

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Signature

*Advance registration will not be made without payment.  
Registration confirmations will be sent by e-mail.*

**Note: If the total payment is incorrect, the necessary adjustments will be made and your credit card will be charged accordingly.**

### ACCESSIBILITY

The National Conference strives to be an inclusive, accessible conference and will make reasonable effort to enhance your virtual meeting experience.

For inquiries about accessibility, please e-mail [registration@aap.org](mailto:registration@aap.org).

