



For Office Use Only:

D	\$	Payment
---	----	---------

Register online at AAPexperience.org/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

Need assistance registering?

Call us — we are here to help!

800/433-9016, option 3 OR registration@aap.org

Advance Registration Deadline: **September 18, 2020**

Cancellation Deadline for Registration: **September 25, 2020**

PERSONAL INFORMATION

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

AAP ID Number

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

Last Name

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

Degree

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

First Name

Organization

Address

City

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

Office Telephone Number Mobile Phone Number

E-mail Address

REQUIRED INFORMATION

Age	Gender
<input type="checkbox"/> 20–30	<input type="checkbox"/> Female
<input type="checkbox"/> 31–40	<input type="checkbox"/> Male
<input type="checkbox"/> 41–50	<input type="checkbox"/> Non-binary
<input type="checkbox"/> 51–60	<input type="checkbox"/> Other _____
<input type="checkbox"/> 61–70	
<input type="checkbox"/> 71+	

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	

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.

FULL CONFERENCE PRICING		Advance Pricing Through Sept. 18	Regular Sept. 19–Oct. 30
Members	Fellows and Member Physicians	<input type="checkbox"/> \$295	<input type="checkbox"/> \$370
	Senior Members	<input type="checkbox"/> \$230	<input type="checkbox"/> \$290
	Residents and Post-Residency Training Members	<input type="checkbox"/> \$150	<input type="checkbox"/> \$185
Non-Members	Medical Students	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
	Physicians	<input type="checkbox"/> \$425	<input type="checkbox"/> \$530
	Allied Health/Nurses/Pediatric Nurses/Physician Assistants/Nurse Practitioners	<input type="checkbox"/> \$190	<input type="checkbox"/> \$240
	Residents/Fellows In-Training	<input type="checkbox"/> \$190	<input type="checkbox"/> \$240
	Medical Students (with proof of enrollment)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
TOTAL ATTENDEE REGISTRATION FEES:			\$ _____

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 25, one week 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 by September 25, 2020.

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"/>
Card Number		Exp. Date (MM/YY)

Cardholder Zipcode

Name as it appears on card (please print)

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.