



29th Annual PPAG Meeting

Hilton Norfolk The Main | Norfolk, VA | April 29-May 3, 2020

www.pediatricpharmacy.org

REGISTRATION POLICY and INFORMATION

- The Deadline for Early Bird Registration is February 21, 2020
- Full Refunds will be given through April 3, 2020. After April 3, 2020, a 75% refund will be given. After April 17, 2020, no refunds will be given. However, balances can be transferred to future conferences.
- **Non-member** registration (except one-day registration) allows you to opt-in to a complimentary one-year PPA membership.

STEP 1: REGISTRATION CATEGORIES AND FEES

1A: REQUIRED. Please circle the appropriate category amount (if selecting a member rate, your membership will be verified prior to processing):

	Early Bird	Regular	Late
Registration Deadline	02/21/20	04/15/20	04/17/20
Full Meeting Registration (All Days and Events)			
Member (CE Only)	525.00	625.00	725.00
Member (CE & BCPPS Recertification Credit)	625.00	725.00	825.00
Non-Member (CE Only)	775.00	875.00	975.00
Non-Member (CE & BCPPS Recertification Credit)	875.00	975.00	1,075.00
Resident Member	400.00	400.00	450.00
Resident Non-Member	475.00	475.00	525.00
Student Member	150.00	150.00	200.00
Student Non-Member	200.00	200.00	250.00
Single-Block Meeting Registration (one block, including Friday events) * Fill out section 1B below.			
Member (CE Only)	425.00	525.00	625.00
Member (CE & BCPPS Recertification Credit)	475.00	575.00	675.00
Non-Member (CE Only)	675.00	775.00	875.00
Non-Member (CE & BCPPS Recertification Credit)	725.00	825.00	925.00
Resident Member	300.00	300.00	350.00
Resident Non-Member	375.00	375.00	425.00
Student Member	125.00	125.00	175.00
Student Non-Member	175.00	175.00	225.00
One-day Meeting Registration (up to 6 contact hours). ** Fill out 1C below.			
Member (CE Only)	250.00	350.00	350.00
Member (CE & BCPPS Recertification Credit)	275.00	375.00	375.00
Non-Member (CE Only)	375.00	475.00	475.00
Non-Member (CE & BCPPS Recertification Credit)	400.00	500.00	500.00
Resident Member	200.00	200.00	200.00
Resident Non-Member	225.00	225.00	225.00

* **1B: Educational Block Options:** If you registered for a **Single-Block**, please circle one:

- Hematology Oncology (April 29-May 1, 2020)
- Neonatal ICU (May 1-3, 2020)

** **1C: One Day Registration ONLY:** Please indicate which day you will be attending. Circle one: W Th F S Su

Step 2: PARTICIPATION INFORMATION

FOR NON-MEMBER REGISTRANTS ONLY: If you registered as a non-member, a one-year complimentary membership is included in your fee. However, you do NOT have to become a member. Please indicate if you'd like to become a PPAG member. **Circle: Yes /No**

SPECIAL ACCOMMODATIONS: Below, please list any special accommodations you require while attending (dietary or otherwise):

STEP 3: REGISTRANT INFORMATION

Name: _____

Title: _____

Institution: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email address: _____

* registration confirmation will be sent via email

STEP 4: PAYMENT INFORMATION

Type (Circle) Check (enclosed)
 Visa MasterCard
 American Express Discover

Card #: _____ Exp. Date: _____

Cardholder Signature: _____

Cardholder Printed Name: _____

Address: _____

City: State: Zip: _____

Mail this form to: PPA, 5865 Ridgeway Center Parkway, Suite 300, Memphis, TN 38120

Fax this form to: 901-767-0704