



# Registration Form

Use this paper form to register for our 12th Annual Meeting & CME. All fields below are required.

Name	Degree
Street Address	City
State	Zip
Email	Phone

Any special disability requirements, please describe:

Ticket Type	Before September 1	September 1 – While Supply Lasts
<b>Nevada AAP Chapter Member</b>	\$185	\$205
<b>AAP National Member (not Nevada Chapter)</b>	\$205	\$255
<b>Non AAP Member</b>	\$255	\$305
<b>Residents and Medical Students—Chapter Members</b> <i>Waived for a limited number of volunteers; contact Executive Director Leann D. McAllister at <a href="mailto:LDMcAllister@AAP.net">LDMcAllister@AAP.net</a> or 508-685-0918 for details.</i>	\$5	\$10
<b>Residents and Medical Students—Not Chapter Members</b>	\$15	\$25

Mail this form in with your check to:

AAP Nevada Chapter  
P.O. Box 15748  
Las Vegas, NV 89114

Advanced registration will not be made without payment. Registration confirmation will be sent by e-mail.  
All fees paid to Nevada AAP are nonrefundable.