Therapeutic Patient Education in Atopic Dermatitis

April 8, 2017 – San Diego, CA

Registration Form

☐ Pediatrician ☐ Dermatologist ☐ Resident ☐ Fellow ☐ RN ☐ NP ☐ PA ☐ DO ☐ Other

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Country_____

E-mail: _____ Phone: _____ Fax: _____

How did you hear about this conference? Brochure __ E-Mail __ Colleague ___ Advertisement ___Online___

Registration Fee: (Please check appropriate **box**)

☐ Physician/Health Care Professionals (PA, NP, RN, MA)	$100
☐ Non-Physician Personnel (Pharmaceutical Industry)	$1,000

Method of Payment: All payments must be in $USD, drawn on a U.S. bank, and received prior to the conference.

☐ **Check: Make payable to RCHSD/DERM. Federal Tax ID #95-1691313**

☐ **Credit Card: Charge $USD _____ to the following card: ☐ VISA ☐ MasterCard**

Card #: _____

Exp. Date (MM/YY): _____ 3-Digit Security Code: _____

Cardholder's Name: _____

Signature: _____

Mail To: Rady Children's Hospital-San Diego
Continuing Medical Education (CME)
3020 Children's Way, Mail Code 5017
San Diego, CA 92123

QUESTIONS?

Contact: cme@rchsd.org
Telephone: (858) 966-4072
Fax: (858) 966-8018

Please note that registration for the TPE in Atopic Dermatitis Meeting is distinct from registration for the Pediatric Dermatology for the Practitioner Meeting.

Cancellation Policy: There will be no refunds for cancellations after March 10, 2017. All cancellations must be in writing; send to: cme@rchsd.org.