

Child Medical Registration Form

You may register and pay online at www.cacnc.org/training or complete registration form and mail along with check to: CACNC, PO Box 1020, Graham, NC 27253

Name (PRINT your name as it should appear on your name badge)

Work Title

Years in Profession

Agency

Work Address

City/State/Zip

Day Phone

Preferred Email

Registration Information

Early registration deadline is **March 1, 2019**. Symposium fees increase by \$25 if registration is not postmarked by this deadline for any reason. **There will be NO on-site registration** and no refunds will be issued after **March 1, 2019**; however, registration may be transferred to another person.

- | | | | | | |
|--|----------------------------|--------------|-------------|------------------------------|---|
| <input type="checkbox"/> ENTIRE Medical Symposium | (Postmarked by March 1) | \$295 | | | |
| <input type="checkbox"/> ENTIRE Medical Symposium | (Postmarked after March 1) | \$320 | | | |
| <input type="checkbox"/> TWO DAYS | (Postmarked by March 1) | \$270 | Which Days: | <input type="checkbox"/> 4/2 | <input type="checkbox"/> 4/3 <input type="checkbox"/> 4/4 |
| <input type="checkbox"/> TWO DAYS | (Postmarked after March 1) | \$295 | Which Days: | <input type="checkbox"/> 4/2 | <input type="checkbox"/> 4/3 <input type="checkbox"/> 4/4 |
| <input type="checkbox"/> ONE DAY | (Postmarked by March 1) | \$160 | Which Day: | <input type="checkbox"/> 4/2 | <input type="checkbox"/> 4/3 <input type="checkbox"/> 4/4 |
| <input type="checkbox"/> ONE DAY | (Postmarked after March 1) | \$185 | Which Day: | <input type="checkbox"/> 4/2 | <input type="checkbox"/> 4/3 <input type="checkbox"/> 4/4 |

Please indicate any special dietary needs, if applicable: _____

CME Credit Statement

The School of Medicine of the University of North Carolina at Chapel Hill designates this live activity for a maximum of **15.00 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Other health professionals will receive a certificate of attendance from an *AMA PRA Category 1™* activity. These certificates are accepted by the NC Boards for physician assistants, nurse practitioners, nurses, and respiratory therapists. Other health care providers may also be able to use these certificates, depending on their particular license requirements.

License requirements are subject to change. Participants should contact their licensing boards for specific questions. UNC and its partners are not responsible for changes in license requirements.

Register & pay online at
www.cacnc.org/training

or

Make Checks Payable to:

CACNC

Return this form with
payment to:

CACNC
P.O. Box 1020
Graham, NC 27253