American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

2021 NATIONAL CONFERENCE VIRTUAL REGISTRATION FORM

AAP experience VIRTUAL 2021
National Conference & Exhibition
OCTOBER 8-11, 2021

For Office Use Only:

D	$	Payment

Register online **at AAPexperience.org/conference-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

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

Need assistance registering?

Call us — we are here to help! 800/433-9016, option 3 OR registration@aap.org

Cancellation Deadline for Registration: **October 7, 2021**

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 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 October 7, 2021.

REQUIRED INFORMATION

Age
- ☐ 20–30
- ☐ 31–40
- ☐ 41–50
- ☐ 51–60
- ☐ 61–70
- ☐ 71+

Gender
- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Other

Attendee Profile
- ☐ General Pediatrician
- ☐ Pediatric Sub-specialist
- ☐ Hospitalist
- ☐ Pediatric Surgeon/ Surgical Sub-specialist
- ☐ Pediatric Resident or Fellow
- ☐ Medical Student
- ☐ Family Physician
- ☐ Physician Assistant
- ☐ Nurse/Nurse Practitioner
- ☐ Practice Manager
- ☐ Other (please specify) _____

Specialty/Sub-specialty
- ☐ N/A
- ☐ Adolescent Medicine
- ☐ Allergy & Immunology
- ☐ Cardiology
- ☐ Child/Behavioral Health
- ☐ Critical Care
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ Genetics
- ☐ Hematology/ Oncology
- ☐ Hospital Medicine
- ☐ Infectious Diseases
- ☐ Neonatology/ Perinatology
- ☐ Nephrology
- ☐ Neurology
- ☐ Psychology/ Psychiatry
- ☐ Pulmonology
- ☐ Rheumatology
- ☐ General Pediatric Surgery
- ☐ Cardio/Thoracic Surgery
- ☐ Ophthalmology
- ☐ Otolaryngology/ ENT
- ☐ Orthopedics
- ☐ Urology
- ☐ Other (please specify) _____

Annual Volume of Products & Services Purchased
- ☐ N/A
- ☐ $50,000–$100,000
- ☐ $100,000–$250,000
- ☐ $250,000–$500,000
- ☐ $500,000–$1,000,000
- ☐ over $1,000,000

Military Affiliation
- ☐ None
- ☐ Active Duty
- ☐ Retired
- ☐ Reserves
- ☐ Separated

☐ This is my first AAP National Conference & Exhibition.

Would you like to receive an exhibitor sample box of products? 300 attendees who sign up will be randomly selected to receive the sample box.

☐ Yes ☐ No

Last name _____

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AAP members save up to 30% off registration!
Join or renew at AAP.org/join

		CONFERENCE PRICING
		June 15-Nov 1
Members	Fellows and other Physicians Members	☐ $420
	Affiliate Members	☐ $300
	Residents, Post-Residency, Seniors	☐ $210
	Medical Students	☐ $0
Non-Members	Physicians	☐ $600
	Residents, Post-Residency	☐ $330
	Non-Physicians (Allied Health Professionals, Medical Students, etc.)	☐ $330
	TOTAL ATTENDEE REGISTRATION FEES:	$

METHOD OF PAYMENT

☐ Check enclosed payable to the American Academy of Pediatrics (US Only)

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

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.

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.