



## DRIVING EXCELLENCE IN PEDIATRIC CARE

### CHAT 2017-REGISTRATION FORM

(ON-SITE REGISTRATION AND PAPER BY MAIL)

**Registration Deadline: October 20<sup>th</sup> 2017** (Registration includes conference admission, material, refreshments and lunch.)

Please Print Legibly

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

**Conference Fees (Please choose ONE of the following):**

- EARLY Registration** (on or before October 13th)  
\_\_\_\_ One Day ONLY- \$249 (Friday or Saturday)    \_\_\_\_ FULL Two Day- \$299
- Mini PODIUM Presenter**  
\_\_\_\_ BEFORE October 13, 2017- \$249    \_\_\_\_ AFTER October 13, 2017- \$299
- LATE Registration (October 14, 2017– October 20, 2017)**  
\_\_\_\_ One Day ONLY- \$299 (Friday or Saturday)    \_\_\_\_ FULL Two Day- \$349
- Scholarship Recipient**

Day 1 Reception- URBAN AT THE WESTIN

\_\_\_\_ YES, I am attending the reception.    \_\_\_\_ NO, I will not be attending the reception.

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**Please send completed registration form and payment to:**

Dell Children's Medical Center of Central Texas  
Attn: Dena Coulter-Brown  
Trauma Services  
4900 Mueller Blvd. Austin, TX 78723

**Make checks Payable to:** Dell Children's Medical Center (Please retain a copy of this registration for your records.)

**CANCELLATION / REFUNDS:**

Cancellations must be received on or before October 20, 2017 for a full refund. A processing fee of \$75 will be assessed for all cancellations. No refunds after October 20, 2017.