



Conference Attendee In-person and Virtual Meeting Registration Form

APSA is fully aware of the dynamic challenges that Covid presents to travel and meetings. We trust that over the past 2 virtual meetings we have demonstrated flexibility and innovation to bring you the leading educational and scientific content. Our plan for 2022 is to bring us “Back Together Again” but most importantly, we want to be able to provide for all of our members and therefore have designed a hybrid meeting format so that all can participate.

Through equal registration we will be able to live stream the plenary talks and a breakout session. All content and breakouts will be recorded and available to all registrants on a meeting site for a full year and CME will be available for all options: in person, live stream and on demand. To date, this is a unique solution among surgical organizations. Please register with the confidence that we know you want to join us in San Diego however we can accommodate you for whatever personal or professional consideration prevents us from having you with us.

Please Complete (type or print clearly)

Given Name/First Name	Surname/Family Name/Last Name		
Company/University/Hospital or Organization			
Address	Suite/Apt #		
City	State/Province	ZIP/Postal Code	Country
Phone			
E-mail			
Emergency Contact Name		Emergency Contact Phone	

I do not want to be included on the attendee list – Check here if you would like to have your name excluded from the attendee list.

Please list any special needs or dietary requests to ensure the necessary arrangements can be made:

Photography and Filming

By registering for this meeting, I acknowledge that my photograph may be taken or I may be filmed at the event for purposes of documenting the meeting and that it may be used for informational articles or future promotions for this organization’s activities.

Fees and Payment Information (please check one) I will attend in person I will attend virtually

2022 Registration Fees

	Through April 15	April 16 and Later
<input type="checkbox"/> APSA Member	<input type="checkbox"/> \$755.00	<input type="checkbox"/> \$805.00
<input type="checkbox"/> Physician Non-Member	<input type="checkbox"/> \$855.00	<input type="checkbox"/> \$905.00
<input type="checkbox"/> International Member	<input type="checkbox"/> \$755.00	<input type="checkbox"/> \$805.00
<input type="checkbox"/> International Non-Member	<input type="checkbox"/> \$855.00	<input type="checkbox"/> \$905.00
<input type="checkbox"/> Nurse/Allied Health Professional.....	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$450.00
<input type="checkbox"/> APSA Fellow Member or Non-Member	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$500.00
<input type="checkbox"/> APSA Resident Member or Non-Member	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$450.00
<input type="checkbox"/> APSA Medical Student Member or Non-Member	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$425.00
<input type="checkbox"/> APSA Past President.....	complimentary	complimentary
<input type="checkbox"/> International Member (Fees based on World Bank) - Virtual Registration Only		
Zone 1	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$300.00
Zone 2.....	<input type="checkbox"/> \$187.50	<input type="checkbox"/> \$237.50
Zone 3 and Zone 4	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$20.00
<input type="checkbox"/> International Non-member (Fees based on World Bank) - Virtual Registration Only		
Zone 1	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$450.00
Zone 2.....	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$350.00
Zone 3 and Zone 4	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$20.00

TOTALS

Subtotal page 1:

Subtotal page 2:

Grand total:



Conference Attendee In-person and Virtual Meeting Registration Form

Companion Registration and Additional Tickets

Includes breakfast in the hospitality suite Thurs - Fri - Sat. One (1) ticket to the Welcome Reception and one (1) ticket to the Presidential Experience (formerly Presidential Banquet). One (1) Welcome Reception ticket is included with a Full Attendee Registration and a Full Companion Registration. Children 13 and under are complimentary.

Companion Registration.....Qty: _____ \$290.00 (Early Bird) Qty: _____ \$340.00 (After April 15)

Companions Name(s): _____

These tickets can be purchased a la carte. You dont need to purchase the companion registration to purchase additional tickets.

Additional Welcome Reception ticket..... \$75.00
 Additional Presidential Experience ticket..... \$160.00
 Benjy Brooks Meeting & Lunch \$85.00 Subtotal: _____

Donations

I would like to make a donation to the APSA Foundation in the amount of:

\$5.00 \$25.00 \$50.00 \$75.00 \$100.00 Other _____

Payment

Please select your preferred method of payment:

- Credit Card: a member of our accounting team will contact you directly
- Check payable to: American Pediatric Surgical Association(in US dollars on a US bank) Tax ID #23-7097289
Mail to: 1061 East Main Street, Suite 300, East Dundee, IL 60118
- Please Invoice Me

Return this Completed Registration Form to:

Veritas Association Management
1061 East Main Street, Suite 300
East Dundee, IL 60118
E-mail: info@apsaped surg.org
APSA Tax ID# 23-7097289

Cancellation and Refunds

Notification of cancellation must be submitted in writing. Cancellations received by April 15, 2022, will be subject to a \$75 cancellation fee. No refunds will be issued after April 15, 2022. Changes from in-person attendance to virtual attendance and vice versa are allowed at any time, but must be submitted in writing to Matt Walter at info@apsaped surg.org.

Throughout the pandemic, conditions and recommendations are changing and dynamic. The Board of Governors has directed the administrative staff and the Program Committee to monitor CDC and California guidelines and directives. We have site-visited the Marriott Marquis in San Diego, finding that all employees were masked (guests variable). We can assure spacing of 3 feet in meeting rooms, and we will insist on masking and distancing as advised by CDC and public health authorities. We will plan outdoor receptions when possible. We will also identify testing sites and protocols.

As responsible healthcare providers, we are mandating that all members and their families planning to attend in person will be vaccinated and boosted (unless exempted) as appropriate for their own protection and that of our membership and the patients we serve. An attestation of vaccination status is included below.

We encourage you to bring your vaccination cards for those venues or activities in San Diego that might require them. We look forward to everyone coming together again for a safe and wonderful meeting in May. If you can't come in person, please register and join us online!

I attest that myself and my companions attending the annual meeting are vaccinated against COVID-19

- Yes, I agree
- Alternatively, I will be viewing the annual meeting virtually