

2018 Pediatric Emergency Medicine Fellows' Conference

CONFERENCE REGISTRATION

Delegate Information (Please print or type all information):

Name: (Last) _____ (First) _____

Hospital/Institution: _____

Address: _____

City/State/Zip: _____

Telephone: _____ FAX: _____

E-Mail: _____

Training Program Name: _____

_____ First Year Fellow _____ Second Year Fellow _____ Third Year Fellow

Title of Your 10-Minute Presentation:

MANDATORY TO RECEIVE ASAP FOR PRESENTATION ASSIGNMENTS!!!

Dietary Restrictions: _____

Date of Arrival: _____

Date of Departure: _____

****Fellow Roommate:** _____

(**VERY IMPORTANT!!!** If you share a room with a fellow, 2 nights' hotel costs are paid by us. If you do not share a room or bring your spouse/significant other, you will be required to pay one night's hotel cost.)

Please mail this form to *Connie Smith* by **January 31, 2018 along with your registration fee of \$400.00 (Check made out to: Baylor College of Medicine). Mailing address: Texas Children's Hospital, ATTN: Connie Smith, 1102 Bates Avenue, Suite 1850, Houston, TX 77030. Telephone: (832) 824-5459, Fax: (832) 825-1182.**