## 2023 Registration for the 15<sup>th</sup> Philadelphia Prenatal Diagnosis, Ultrasound, Genetics, Obstetrics & Maternal-Fetal Medicine Conference –Thursday June 8<sup>th</sup>- Saturday June 10<sup>th</sup>, 2023 – Hybrid Conference To register online please use this link: https://philapregnancycenter.com/conference-homepage

| First Name   |  | Last Name                |     |  |  |  |
|--|--|--------------------------|-----|--|--|--|
| Institution_   |  |                          |     |  |  |  |
| Address (ho  | ome or office)   |                          |     |  |  |  |
| City   |  | State                    | Zip |  |  |  |
| Phone  | Fax  | <u> </u>                 |     |  |  |  |
| Please indicate your academic degree from the following list and provide the appropriate identification numbers: |  |                          |     |  |  |  |
|  | □ PhD  | Enter Specialty Society: |     |  |  |  |
|  | ☐ MS, CGC (Genetic Counselor)  | NSGC ID:                 |     |  |  |  |
|  | ☐ Nurse/Nurse Practitioner (NP)/Physician Assistant (PA)                                   |                          |     |  |  |  |
|  | ☐ Midwife  |                          |     |  |  |  |
|  | ☐ Sonographer SDMS ID:   | ARDMS ID:                | DOB |  |  |  |
|  | ☐ Resident/Fellow/Student (must bring verification of residency/fellowship/student status) |                          |     |  |  |  |
|  | ☐ Others   |                          |     |  |  |  |

## **Attendance Format:** I plan to attend \_\_ In-person \_\_ Virtually

|  | Thurs., Fri. & Sat<br>In person. | Thurs., Fri. & Sat<br>Virtual |
|--|----------------------------------|-------------------------------|
| Physician MD/PhD   | □\$950                           | □\$1100                       |
| Sonographer  | □\$675                           | □\$800                        |
| Nurse, NP, PA, MW, GC  | □\$575                           | □\$675                        |
| Fellow (Proof of Status)   | □\$425                           | □\$425                        |
| Resident (Proof of Status)   | □\$350                           | □\$350                        |
| Student (Proof of Status)  | □\$250                           | □\$250                        |
| Industry/Others  | □\$1275                          | □\$1275                       |
| Physician - Fetal ECHO & Ultrasound - 4 days (3+1)<br>For Physicians ONLY - 5 days (3+2)               | □\$1250<br>□\$1500               | □\$1400<br>□\$1700            |
| Sonographer Fetal ECHO only (Thursday & Friday)<br>Sonographer- Fetal ECHO & Ultrasound – 4 days (3+1) | □ \$500<br>□ \$875               | □ \$650<br>□ \$1000           |
| Access to the Enduring Conference until 12/31/2023   | Free                             | □\$250                        |
| Flash Drive of the entire conference lectures - all days included - Fetal ECHO not included            | □\$750                           | □\$750                        |
| Flash Drive of the FETAL ECHO COURSE   | □\$450                           | □\$450                        |

| ☐ CME ☐ CE ☐ CEU (No Extra Cost - included in Fotal Payment: \$   | registration fe                 | e) <mark>Late registratio</mark>                      | n after June 1 <sup>st</sup> - Add \$75                       |
|---|---------------------------------|---|---|
| Payment Method: Please make <b>check</b> payable to PPC or: Card Number  Card Holder Name   | □Visa<br>_Card Exp              | □MasterCard<br>Secu                                   | □American Express rity Code (3 digits)                        |
| Authorization Signature   |                                 |   |   |
| Mail or Fax Registration and Payment to: <b>Prena Fax: 215-627-8008</b> . For questions call: 21 <b>In order to process refunds, cancellatio</b> No refunds will be issued ther | 5-627-2Ž29 or<br>ons must be re | email: <u>prenataldi</u><br>e <b>ceived in writin</b> | agnosis.conference@gmail.com<br>g no later than May 20, 2023. |