

**2022 Registration for the 14<sup>th</sup> Philadelphia Prenatal Diagnosis, Ultrasound, Genetics, Obstetrics & Maternal-Fetal Medicine  
Conference –Thursday June 9<sup>th</sup>- Saturday June 11<sup>th</sup>, 2022 – Virtual Conference  
To register online please use this link: <https://philapregnancycenter.com/conference-homepage>**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Institution \_\_\_\_\_

Address (home or office) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Please indicate your academic degree from the following list and provide the appropriate identification numbers:

- MD, DO, Practicing Physician      ACOG ID: \_\_\_\_\_
- PhD      Enter Specialty Society: \_\_\_\_\_
- MS, CGC (Genetic Counselor)      NSGC ID: \_\_\_\_\_
- Nurse/Nurse Practitioner (NP)/Physician Assistant (PA)
- Midwife
- Sonographer      ARDMS ID: \_\_\_\_\_ DOB \_\_\_\_\_
- Resident/Fellow/Student (must bring verification of residency/fellowship/student status)
- Others \_\_\_\_\_

	Thurs., Fri. & Sat.
Physician MD/PhD	<input type="checkbox"/> \$815
Sonographer	<input type="checkbox"/> \$600
Nurse, NP, PA, MW, GC	<input type="checkbox"/> \$530
Fellow (Proof of Status)	<input type="checkbox"/> \$350
Resident (Proof of Status)	<input type="checkbox"/> \$250
Student (Proof of Status)	<input type="checkbox"/> \$150
Industry/Others	<input type="checkbox"/> \$1200
Registration only for the Mental Health Symposium	<input type="checkbox"/> \$100 only 4 CME credits
Free Registration for Disparities Symposium	<input type="checkbox"/> \$100 only 4 CME credits
Physician MD/PhD registration for 44 CME credits	<input type="checkbox"/> \$ 1400
Sonographer Registration for 36 CME credits	<input type="checkbox"/> \$ 800

**REQUEST:**  CME  CE  CEU (No Extra Cost - included in registration fee) **Late registration after June 1<sup>st</sup> - Add \$75**

Total Payment: \$ \_\_\_\_\_

Payment Method: Please make **check** payable to PPC or:  Visa       MasterCard       American Express  
 Card Number \_\_\_\_\_ Card Exp. \_\_\_\_\_ Security Code (3 digits) \_\_\_\_\_  
 Card Holder Name \_\_\_\_\_  
 Authorization Signature \_\_\_\_\_

Mail or Fax Registration and Payment to: **Prenatal Diagnosis Institute, PO Box 104, Wynnewood, PA 19096**  
 Fax: 215-627-8008. For questions call: 215-627-2229 or email: [prenataldiagnosis.conference@gmail.com](mailto:prenataldiagnosis.conference@gmail.com)  
**In order to process refunds, cancellations must be received in writing no later than May 30, 2021.**  
 No refunds will be issued thereafter. Late fees will apply on/after June 1<sup>st</sup>, 2021.