

2020 Registration for the 12th Philadelphia Prenatal Diagnosis, Ultrasound, Genetics, Obstetrics & Maternal-Fetal Medicine Conference –Thursday June 4th- Saturday June 6th, 2020

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, 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 _____

Please make your selection from the following options for registration purposes

- Breakfast, lunch and snacks will be provided all three days of the conference and are included in registration costs.

Single Day Registration:

Professional Position	Thursday, June 4, 2020	Friday, June 5, 2020	Saturday, June 6, 2020 without hands on	Saturday, June 6, 2020 with hands on & Conference Day
	Obstetric/MFM Prenatal Diagnosis	Ultrasound & Genetics, MFM	Fetal ECHO & Genetics, MFM	Ultrasound Hands-On Fetal ECHO & Anatomy
Physicians MD/PhD	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425
Sonographer, Fellow	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$250	<input type="checkbox"/> \$400
Nurse/ NP /PA	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$400
Genetic Counselor	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$400
Midwife	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$400
Resident/Student	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$180	<input type="checkbox"/> \$400
Industry/Others	<input type="checkbox"/> \$390	<input type="checkbox"/> \$390	<input type="checkbox"/> \$490	<input type="checkbox"/> \$590
	<input type="checkbox"/> Dinner \$85 <input type="checkbox"/> Tour \$50	<input type="checkbox"/> Dinner \$85	For Hands on Session, please mark your level: <input type="checkbox"/> Basic <input type="checkbox"/> Advance *Three hours "hands on" by the experts includes: Detailed anatomy & detailed Fetal Echo, Dopplers & more. *This price includes the entire conference day registration.	

Multiple Day Registration: (any combination of days not listed should be selected above and priced as single day - registration per day)

	Thurs. & Fri.	Fri. & Sat. Without hands on	Fri. & Sat. With Hands On	Thurs., Fri. & Sat. Without Hands On	Thurs., Fri. & Sat. With Hands On
Physician MD/PhD	<input type="checkbox"/> \$490	<input type="checkbox"/> \$565	<input type="checkbox"/> \$665	<input type="checkbox"/> \$815	<input type="checkbox"/> \$915
Sonographer, Fellow	<input type="checkbox"/> \$350	<input type="checkbox"/> \$420	<input type="checkbox"/> \$570	<input type="checkbox"/> \$600	<input type="checkbox"/> \$750
Nurse, NP, PA, MW, GC	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$570	<input type="checkbox"/> \$530	<input type="checkbox"/> \$750
Resident/Student	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$520	<input type="checkbox"/> \$430	<input type="checkbox"/> \$650
Industry/Others	<input type="checkbox"/> \$770	<input type="checkbox"/> \$870	<input type="checkbox"/> \$970	<input type="checkbox"/> \$1260	<input type="checkbox"/> \$1360

Add On Items:

- \$100 Hands -ON Workshop on Invasive Procedures - Friday \$100 Hands -ON Workshop on Invasive Procedures - Saturday

Reception: All are invited to attend our networking & reception event: **Friday 6:00PM – 8:00PM** Please check if you plan to attend.

REQUEST: CME CE CEU (No Extra Cost - included in registration fee)

Total Payment: \$ _____ **AFTER May 27th & ON-SITE REGISTRATION – ADD \$75**

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
In order to process refunds, cancellations must be received in writing no later than May 24, 2020.
 No refunds will be issued thereafter.