

**2019 Registration for the 11<sup>th</sup> Philadelphia Prenatal Diagnosis, Ultrasound, Genetics, Obstetrics & Maternal-Fetal Medicine Conference –Thursday June 6<sup>th</sup>- Saturday June 8<sup>th</sup>, 2019**

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)
- Billers, Coders or 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.
- **No Extra Cost -CME/CE/CEU credits included in registration fee. Please mark your CME request below**

**Single Day Registration:**

Professional Position	Thursday, June 6, 2018	Friday, June 7, 2018	Saturday, June 8, 2018 without hands on	Saturday, June 8, 2018 with hands on & Conference Day
	Obstetric/MFM Update	Ultrasound & Genetics	Fetal ECHO & Genetics	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"/> 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.	
	<input type="checkbox"/> Tour \$50			

*All are invited to attend our networking & reception event: Friday 6:15PM – 8:00PM  Please check if you plan to attend.*

**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

**REQUEST: CME  CE  CEU**

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, Wynnwood, 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 24, 2019.**  
 No refunds will be issued thereafter.

