



The Pediatric Cardiac
Intensive Care Society

14th Annual International Meeting

December 13-16, 2018

Loews Miami Beach Hotel • Miami, Florida

CONFERENCE REGISTRATION FORM - SIDE ONE

Name _____
Last Name First Name Middle Initial Credentials

Mailing Address _____

City _____ State _____ ZIP _____ Country _____

Institution _____ Email* _____

Office Phone () _____ Alternate Phone () _____ Fax () _____

**E-mail required for confirmation. If you have not received a confirmation email within 14 days of submitting this form, contact pcics@societyhq.com.*

What is your primary medical specialty? Cardiology Critical Care Cardiac Surgery Anesthesia Neonatology

Cardiac Nurse Cardiac APP Other **Have you attended a PCICS conference before?** Yes, I attended in _____. No

Do you have any dietary restrictions? If so, please list _____



All general sessions will be video recorded and breakouts will be audio recorded. These recordings will be made available to registrants for no additional charge following the meeting. With or without these recordings, you will automatically receive the collected syllabus material, which will be PDFs of speaker slides or other faculty submissions.

CONFERENCE REGISTRATION FEES

Your registration fee covers all refreshment breaks, welcome reception, breakfast, access to the mobile meeting guide and program at a glance.

	After November 7, 2018
<input type="checkbox"/> MEMBER Physician	\$995
<input type="checkbox"/> NON-MEMBER Physician	\$1,045
<input type="checkbox"/> MEMBER Nurse/APP/Allied Health	\$695
<input type="checkbox"/> NON-MEMBER Nurse/APP/Allied Health	\$745
<input type="checkbox"/> MEMBER Resident or Fellow	\$675
<input type="checkbox"/> NON-MEMBER Resident or Fellow	\$695
<input type="checkbox"/> Physician Faculty	\$895
<input type="checkbox"/> Resident or <input type="checkbox"/> Fellow Faculty	\$575
SIMS Preconference 1 – Thursday, December 13, 1:00-4:45 pm	
<input type="checkbox"/> Physician/Advanced Practice Practitioner Registration is limited. SOLD OUT	\$100
<input type="checkbox"/> Bedside Nurse Registration is limited.	\$75
<input type="checkbox"/> Quality Improvement Preconference SOLD OUT December 13, 1:00-4:45 pm	\$100

Tiers 3 and 4 PCICS members only will receive a 50% reduction on their meeting registration. Go to: www.pcics.org/join/membership-tiers/ for the membership Tiers listing. There are a limited number of discounted registrations available.

TOTAL AMOUNT DUE \$ _____

Choose your preferences for the sessions on side two. ▼ There is no additional charge for breakout sessions.



CONFERENCE REGISTRATION FORM - SIDE TWO

PLEASE FILL OUT BOTH SIDES OF THIS FORM TO COMPLETE YOUR REGISTRATION.

▼ Choose your preferences for the sessions below to complete your registration. ▼
There is no additional charge for breakout sessions.

Friday, December 14 Concurrent Breakout Sessions		Saturday, December 15 Concurrent Breakout Sessions	
1:00 pm - 3:00 pm (included in conference registration)		8:00 am - 8:50 am (included in conference registration)	
<input type="checkbox"/>	Breakout 1 – ECMO: Challenges and Opportunities	<input type="checkbox"/>	Morning Skills Lab Session 1 – Effective Communication and Counseling SOLD OUT
<input type="checkbox"/>	Breakout 2 – Bedside Rounds: Is the Evolution Ready for a Revolution?	<input type="checkbox"/>	Morning Skills Lab Session 2 – Rapid Fire: CICU Monitoring
<input type="checkbox"/>	Breakout 3 – Basic Science, Clinical Science and Education Research Abstract Presentations	1:00 pm - 3:00 pm (included in conference registration)	
3:30 pm - 5:30 pm (included in conference registration)		<input type="checkbox"/>	Breakout 1 – Cliff Note on Pediatric VAD Management
<input type="checkbox"/>	Breakout 4 – Ethics and Social Media – Benefits and Pitfalls	<input type="checkbox"/>	Breakout 2 – Living (and Dying) in the CICU: Challenges of Chronic Critical Illness
<input type="checkbox"/>	Breakout 5 – Contemporary Approaches to the Single Ventricle Neonate	<input type="checkbox"/>	Breakout 3 – Invited Quality and Research Collaboratives
<input type="checkbox"/>	Breakout 6 – Quality Improvement Shark Tank		

PAYMENT INFORMATION: Check (made payable to PCICS) Credit Card: VISA MasterCard Discover AMEX

Card No. _____ Exp. Date _____ CVV Code _____

(CVV Code is the 3-digit number in signature box on the back of VISA/MC/Discover or 4-digit number on front of AMEX card above the card number)

Card Billing Address _____ Card Billing ZIP _____

Signature _____ Printed Name on Card _____

Americans with Disabilities Act: PCICS has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accessible accommodations, please contact PCICS in advance at pcics@societyhq.com.

Cancellation Policy: Refund requests should be submitted in writing to pcics@societyhq.com by November 1, 2018. A \$50 processing fee will be deducted from all refunds. We regret that refunds cannot be honored for requests received after November 1, 2018. Substitutions are not allowed.

Email, mail or fax to: PCICS • 2209 Dickens Road, Richmond, VA 23230-2005 • pcics@societyhq.com • Phone (804) 565-6398 • Fax (804) 282-0090