

2018 Society for Pediatric Sedation Conference

May 20-23, 2018 • Emory Conference Center Hotel • Atlanta, GA

REGISTRATION FORM **Online registration available at www.pedsedation.org**

2209 Dickens Road, Richmond, VA 23230-2005 • (804) 565-6354 • Fax (804) 282-0090 • sps@societyhq.com

First Name: _____ Last Name: _____ Title: _____

Specialty: _____ Address: _____

City/State/Zip: _____ *Email: _____

Phone: _____ Fax: _____

* Email required for registration confirmation.

Registration Policy: All attendees must pay a registration fee to attend any SPS event unless otherwise noted below. Badges are required for entrance to all scientific sessions and social functions. Registration fees include: E-Syllabus, Breakout Sessions, Welcome Reception, Exhibitor Reception, Continental Breakfasts, Coffee Breaks and Lunches. Fees are per person. Please complete all areas on this form.

Student/Trainee Registrants Only:

Institution of Training: _____ Graduation Date: _____

REGISTRATION FEES	
Member Fees (By April 30)	Non-Member Fees (By April 30)
<input type="checkbox"/> SPS Physician/Dentist Member \$625/\$675	<input type="checkbox"/> SPS Physician/Dentist Non-Member \$725/\$775
<input type="checkbox"/> SPS Allied Health/Nurse/Nurse Practitioner Member \$450/\$500	<input type="checkbox"/> Allied Health/Nurse/Nurse Practitioner Non-member \$475/\$525
<input type="checkbox"/> SPS Trainee/Student Member (No CME) \$149/\$174	<input type="checkbox"/> Trainee/Student Non-Member (No CME) \$169/\$219
<input type="checkbox"/> SPS Trainee/Student Member (With CME) \$174/\$199	<input type="checkbox"/> Trainee/Student Non-Member (With CME) \$219/\$269
**Institutional Members - Institution Name: _____	
<input type="checkbox"/> Institutional Physician \$625/\$675	**Platinum Institutions: Unlimited registration at member rate; Gold Institutions: Limit of (5) registrants at member rate; Silver Institutions: Limit of (1) registrant at member rate. A registration form is required for each registrant.
<input type="checkbox"/> Institutional Allied Health/Nurse/Nurse Practitioner \$450/\$500	
<input type="checkbox"/> Institutional Trainee/Student (no CME) \$149 *Add \$25 for CME	
Additional Options (Member/Non-Member fees the same) - Sign up for workshop times on the Breakout/Workshop form	
<input type="checkbox"/> Tues, May 22 – Airway Workshop \$100/\$125 (Ltd. to 24 participants)	<input type="checkbox"/> I plan to attend the Sunday Welcome Reception - No fee
<input type="checkbox"/> Tues, May 22 – Nitrous Workshop \$100/\$125 (Ltd. to 24 participants)	<input type="checkbox"/> Accompanying Guest (For Welcome Reception only) \$50/\$75 Guest Name: _____
<input type="checkbox"/> Tues, May 22 – Team Dynamics Workshop \$100/\$125 (Ltd. to 24 participants)	SUBTOTAL: \$ _____
Special Needs	
<input type="checkbox"/> Check here for vegetarian meal preference.	<input type="checkbox"/> I require special accommodations (An SPS staff member will contact you.)
SPS Sedation Provider Course® Registration – Saturday, May 19, 2018 (Limited to 24 participants on first come first served basis)	
Member Fees (By April 30)	Non-Member Fees (By April 30)
<input type="checkbox"/> Physician/Dentist Member \$549/\$599	<input type="checkbox"/> Physician/Dentist Non-Member \$649/\$699
<input type="checkbox"/> Nurse, Allied Health Member \$549/\$599	<input type="checkbox"/> Nurse, Allied Health Non-Member \$649/\$699
SUBTOTAL: \$ _____	

***Every participant must complete and submit the second page of this registration form.**

TOTAL AMOUNT DUE: \$ _____

Payment Information:

Check (payable to SPS) Discover MasterCard Visa AMEX

Card Number: _____ Expiration Date: Month _____ Year _____

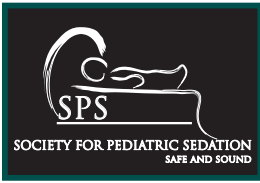
CVV Security Code: _____ (3-digit # in signature box on the back of VISA/MC or 4-digit # on front of AMEX card above the card #).

Card Billing Address: _____ Zip: _____

Printed Name on Card: _____ Signature: _____

Refund Policy: Refund Policy: An 80% refund through April 30, 2018. After April 30, 2018, there will be no refunds. Refund will be determined by date written cancellation is received.

The Society for Pediatric Sedation™ 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 accommodations, please contact SPS at (804) 565-6354 by April 30, 2018 in order to receive service.



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Breakouts, Concurrent Sessions and Optional Workshops

ONLINE REGISTRATION AVAILABLE AT WWW.PEDSEDATION.ORG.

THIS PAGE MUST ACCOMPANY REGISTRATION FORM AND PAYMENT.

Name: _____

OPTIONAL WORKSHOPS - TUESDAY, MAY 22 - 3:00-5:00 pm • Pre-Registration Required • Limited to 24 participants

- | | | |
|---|---|---|
| <input type="checkbox"/> Airway Workshop (includes intro and adv) \$100/125 | <input type="checkbox"/> Team Dynamics Workshop \$100/125 | <input type="checkbox"/> Nitrous Workshop \$100/125 |
|---|---|---|

PROBLEM-BASED LEARNING DISCUSSIONS (PBLDs) • Limited to 12 participants

Tuesday, May 22- 7:00-7:45 am		Wednesday, May 23- 7:00-7:45 am	
<input type="checkbox"/> PBLD 1 - Obesity/OSA	<input type="checkbox"/> PBLD 4 - Endoscopy	<input type="checkbox"/> PBLD-1 Propofol	<input type="checkbox"/> PBLD-4 Dexmedetomidine
<input type="checkbox"/> PBLD 2 - Cardiac	<input type="checkbox"/> PBLD 5 - Autism	<input type="checkbox"/> PBLD-2 Ketamine	<input type="checkbox"/> PBLD-5 IN Medication Delivery
<input type="checkbox"/> PBLD 3 - Dental	<input type="checkbox"/> PBLD 6 - VCUG	<input type="checkbox"/> PBLD-3 Nitrous	<input type="checkbox"/> PBLD-6 Moderate vs. Deep Sedation

BREAKOUTS

Please choose first, second and third choice for each session and include this with your registration form. Sessions will be filled on a first come, first served basis until the session is full. Please refer to your email confirmation letter for breakout sessions in which you were assigned.

MONDAY MAY 21 11:00-11:45 AM		TUESDAY MAY 22 11:20-12:15 PM	
1 • 2 • 3	#1A - Nursing-based Prescreening	1 • 2 • 3	#4A - Comfort Measures and Procedural Pain
1 • 2 • 3	#1B - Non-pharmacologic Support	1 • 2 • 3	#4B - Algorithm for Vascular Access
1 • 2 • 3	#1C - Palliative Sedation	1 • 2 • 3	#4C - Disparities in Analgesic Regimens
1 • 2 • 3	#1D - Obstacles to Creating a Nitrous Service	1 • 2 • 3	#4D - Patient Satisfaction
1 • 2 • 3	#1E - Myringotomy Tubes in PSU	1 • 2 • 3	#4E - Sedating in Remote Locations
MONDAY MAY 21 2:05-2:50 PM		WEDNESDAY MAY 23 10:30 AM-11:15 AM	
1 • 2 • 3	#2A - Nursing-based Prescreening	1 • 2 • 3	#5A - Social Media , Patient Interaction
1 • 2 • 3	#2B - Non-pharmacologic Support	1 • 2 • 3	#5B - Hypersensitivity Reactions
1 • 2 • 3	#2C - Palliative Sedation	1 • 2 • 3	#5C - ABC's of Capnography
1 • 2 • 3	#2D - Obstacles to Creating a Nitrous Service	1 • 2 • 3	#5D - NPO Guideline Interpretation
1 • 2 • 3	#2E - Myringotomy Tubes in PSU	1 • 2 • 3	#5E - Promoting Nursing Engagement in SPS
TUESDAY MAY 22 10:30-11:15 AM		WEDNESDAY MAY 24 11:15 AM-12:00 NOON	
1 • 2 • 3	#3A - Comfort Measures and Procedural Pain	1 • 2 • 3	#6A - Social Media , Patient Interaction
1 • 2 • 3	#3B - Algorithm for Vascular Access	1 • 2 • 3	#6B - Hypersensitivity Reactions
1 • 2 • 3	#3C - Disparities in Analgesic Regimens	1 • 2 • 3	#6C - ABC's of Capnography
1 • 2 • 3	#3D - Patient Satisfaction	1 • 2 • 3	#6D - NPO Guideline Interpretation
1 • 2 • 3	#3E - Sedating in Remote Locations	1 • 2 • 3	#6E - Promoting Nursing Engagement in SPS

SOCIETY FOR PEDIATRIC SEDATION®

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