

# REGISTRATION FORM

## PERINATAL UPDATE 2019 | MARCH 7 AND 8

Name \_\_\_\_\_

Credentials \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

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

Work Phone (\_\_\_\_) \_\_\_\_\_

Home/Cell (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

City/State \_\_\_\_\_

### Early Bird

(Postmarked by 2/5/19)

Physician: \$315

Nurse & Other Healthcare

Professionals: \$265

### Regular

Physician: \$350

Nurse & Other Healthcare

Professionals \$300

Total enclosed: \_\_\_\_\_

**Make checks payable to: MEMORIAL HEALTH**

### Mail to:

Perinatal Outreach

4750 Waters Ave, Suite 206

Savannah, GA 31404

Please include complete registration with payment.

Registrations must be postmarked no later than February 20, 2019.

Online credit card registration is available at [MemorialHealth.com/PerinatalUpdate](http://MemorialHealth.com/PerinatalUpdate).

Breakout sessions will be on a first-come, first-served basis.

### Cancellations and Refunds

All cancellations and registration transfers must be received in writing prior to February 17, 2019. Cancellations postmarked on or before February 17, 2019 will be subject to a \$25 processing fee. **No refunds will be made for cancellations postmarked after February 17, 2019., or for "no-shows."** All refund requests will be processed after the conference.