



# 2018 Annual Meeting Registration Form

Check # _____
Amount _____

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**Please provide the demographic information requested below.**

Year of Birth: \_\_\_\_\_ Gender:  Male  Female

Is this your first SDBP Conference:  Yes  No Practice Type:  Research  Clinical  Teaching

Degree:  MD  MD, PhD  PhD  PsyD  MA/MS  Other \_\_\_\_\_

How did you hear about the educational event? (please check all that apply)

- While attending another professional meeting
- Email Notification
- Colleague
- Website
- Journal Advertisement
- Other \_\_\_\_\_

**Please check one box that best describes you under each category.**

**Profession:**

**PROFESSION:**

- Clinical Nurse Specialist
- Educational Specialist
- Registered Nurse
- Fellow
- Nurse Practitioner
- Social Worker
- Occupational Therapist
- Physician
- Psychology Trainee
- Speech and Language Pathologist
- Resident
- Physical Therapist
- Psychologist
- Other: \_\_\_\_\_

**CLINICAL PRACTICE AREA:**

- Academic Instruction
- Developmental & Behavioral Pediatrics
- General Pediatrics
- Neonatal Follow-up
- Neurodevelopmental Pediatrics
- Psychiatry
- Research
- Other: \_\_\_\_\_

**Special Needs**

- Please check here if you require special attention to fully participate. SDBP fully complies with the legal requirements of the American's With Disabilities Act rules and regulations. Participants of this event in need of special accommodations should submit a written request of your needs to the SDBP office or send request along with your registration form. The SDBP cannot ensure the availability of appropriate accommodations without prior notification.

**SDBP Annual Meeting Registration fees:**

Saturday, September 15 – Monday, September 17

SDBP Member	\$500	SDBP Non-Doctorate or Associate Member	\$205
Non-Member	\$680	Non-Doctorate or Associate Non-Member	\$250

**Total \$** \_\_\_\_\_

Notice to Associates: The following section must be completed in order to register as an Associate. Registration forms from Associates must be accompanied by this certification or a letter from the Associate's Program Director confirming current enrollment in a training program.

I, \_\_\_\_\_ certify that \_\_\_\_\_ is a resident/associate at \_\_\_\_\_  
(Name of Director) (Trainee) (Name of Institution)

Signature of Program Director \_\_\_\_\_

<p><b>Sunday, September 16 - Events</b> I plan to attend the following:</p> <p><b>Lunches - 12:15pm – 1:45pm</b></p> <p><input type="radio"/> Trainee/Recent Graduate Committee (lunch included) <b>SOLD OUT</b></p> <p><input type="radio"/> Advanced Nurse Practitioner’s SIG (lunch not included)</p> <p><input type="radio"/> JDBP Editorial Board Meeting (for Editorial Board Members Only)</p>	<p><b>Sunday Dinner Social - 7:00pm – 10:00pm</b> <input type="radio"/> Dinner Social (included in reg fee)</p> <p><b>Monday, September 17<sup>th</sup> - Events</b> I plan to attend the following:</p> <p><b>Lunches - 12:15pm – 1:45pm</b></p> <p><input type="radio"/> Communications Committee Lunch Meeting (lunch included)</p> <p><input type="radio"/> SDBP Fellowship Director Lunch (<b>\$45 additional fee</b>) <b>Total \$_____</b></p>
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**Accompanying Person** - Includes a guest badge and admission to the Welcome Reception, Exhibits, Poster Reception and the Dinner Social.

**I wish to purchase a guest badge for \$100 – Total \$\_\_\_\_\_**

Please include the following to be printed on guest badge:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 First Name                                      Last Name                                      City                                      State

**FRIDAY TEACHING DBPEDS WORKSHOPS WORKSHOP (extra fee applies) 1:00pm – 7:15pm**

All sessions, plus the general sessions are included in the below price  
 Member - \$120 / Non-Member - \$130 / SDBP Non-Doctorate or Associate Member - \$45 / Non-Doctorate or Associate Non-Member - \$55  
**Total: \$\_\_\_\_\_**

**Circle One in each Session Below**

<p><u>Breakout Session 1 – 1:15pm-2:45pm</u>          - A Collaborative Approach to Teaching           - Harnessing the Power of Technology to Promote Optimal Learner Development</p>	<p><u>Breakout Session 3 – 4:10-5:25 pm</u>          - Mental Health Assessment &amp; Intervention           - Incredible Years: Teaching Parenting Skills to Pediatric Trainees</p>
<p><u>Breakout Session 2 – 2:50- 3:50 pm</u>          - Social-Emotional Screening in Practice           - Partnering with Parents to Promote Brain Development</p>	<p><u>GENERAL SESSION – 5:30-7:00 pm</u>          - Survival of the Fittest: A Call to Action for Developmental-Behavioral Educators to Prevent Extinction of the Species</p>

**WORKSHOPS -extra fees apply**

**Half Day Workshops - Friday / Saturday**

Member - \$150 / Non-Member - \$200 / Non-Doctorate or Associate Member - \$80 / Non-Doctorate or Associate Non-Member - \$100

**1. Friday afternoon: 1:00pm – 4:00pm**

- Workshop A:** BEYOND THE EXAM ROOM: STORIES OF LEGISLATIVE ADVOCACY AND SKILLS TO HELP YOU MAKE A DIFFERENCE
- Workshop B:** POVERTY SIMULATION: A NOVEL APPLICATION FOR CULTURAL COMPETENCY TRAINING
- Workshop C:** OVERCOMING ETHICAL CHALLENGES IN PEDIATRIC INTERPROFESSIONAL TEAMS
- Workshop D:** BEYOND THE BASICS: MANAGING COMPLEX INSOMNIA IN CHILDREN AND ADOLESCENTS IN 2018

**2. Saturday Morning: 9:00am – 12:00pm**

- Workshop E:** RACISM: ANOTHER ADVERSE CHILDHOOD EXPERIENCE
- Workshop F:** REVIEWER IMMERSION EXPERIENCE THROUGH MOCK EDITORIAL AND PROGRAM COMMITTEE MEETINGS
- Workshop G:** PROMOTING OPTIMAL CHILD DEVELOPMENT AND MENTAL HEALTH FOR CHILDREN OF REFUGEE STATUS ...
- Workshop H:** STEPPING UP THE ADHD GAME THROUGH INFORMATION TECHNOLOGY & QI METHODOLOGY
- Workshop I:** SUCCESS IN LEADERSHIP: PROFESSIONAL DEVELOPMENT, BUILDING YOUR BRAND, AND AVOIDING LANDMINES

**TOTAL REGISTRATION FEE ENCLOSED (Total sections) \$\_\_\_\_\_**

Payment Information: Make checks payable to SDBP (US funds drawn on a US bank) or provide credit card information.

**Visa                      MasterCard ONLY**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Card No.                                      Exp.                                      3 Digit Security Code

Cardholder’s Name: \_\_\_\_\_ (Print)

Signature: \_\_\_\_\_