### Registration Form

**Pediatric HIV/AIDS Training Course**
February 23-25, 2013

**REGISTRATION FORM**
(Space is limited)

Register Online at:  
[www.stjude.org/HIV-AIDS-training-course](http://www.stjude.org/HIV-AIDS-training-course)

Registration Questions? Contact Linda P. Taylor, MBA at 901/595-2235 or lindap.taylor@stjude.org.

Mail this form with payment to:  
St. Jude Children’s Research Hospital • C/O Linda Taylor, MBA  
PO Box 1000, Department 949 • Memphis, TN 38148-0949

Fax this form to: 901/595-5631, ATTN: Linda Taylor, MBA

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**Please type or print.**

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<th>ADDRESS</th>
<th>CITY/STATE/PROVINCE</th>
<th>ZIP CODE/POSTAL CODE/COUNTRY</th>
<th>DAYTIME PHONE</th>
<th>FAX NUMBER</th>
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**EMERGENCY CONTACT NAME/PHONE**

**PLEASE INDICATE ANY SPECIAL NEEDS (E.G.: DIETARY RESTRICTIONS, PHYSICAL DISABILITIES) 🚼

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**Registrant Fee** (U.S. Currency): **$250**

Your registration will be confirmed. Costs incurred, such as airline or hotel penalties, are the responsibility of the individual. The AAP reserves the right to cancel this activity due to unforeseen circumstances or to limit enrollments, should attendance exceed capacity. Course educational sessions are open only to registered attendees.

**Full payment must accompany this form. Please do not send currency.**

Charge it: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

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PRINT NAME AS IT APPEARS ON CARD

Or checks may be made payable to St. Jude

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