

2011 Critical Care Conference
Treating Your Kids' Emergency Situations

CHW Registration Form

Registration:

Mail Completed form along with payment to:

Pediatric Critical Care
Attn: Jackie Timm
9000 W Wisconsin Ave, MS #681
Milwaukee, WI 53226

***Please make check payable to Children's Hospital of Wisconsin.**

Please print and complete:

A. Thursday Conference Events

Lectures - \$ 25

B. Friday Conference Events

Grand Rounds Lecture (no fee)

C. Thursday lunch choice:

Turkey

Ham

Veggie

Please let us know if you are interested in participating in simulation workshop on Friday, September 16, 2011. This will be for an additional charge of \$60. If interested, your name will be put on a list and if there is available room you will be notified by September 1, 2011.

Interest in simulation workshop: Yes No

D. Total Registration Fees

\$ _____

Name & Degree(s):

As it should appear on badge _____

Position / Title(s) _____

Employer / Department: _____

Mailing Address Home Work:

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Registration Questions: Call (414)266-2725 or email criticalcareconf@chw.org