

14th Annual Pediatric Potpourri Registration Form

Date: Friday, May 4th, 2012
Place: The Colonnade (directions included)
Registration: 0715-0745 (Breakfast)

Make checks payable to:
TCTCH Educational Fund

Please enclose your check with this form and mail/bring to:
Carolyn Fletcher 423-778-6252 or Carolyn.fletcher@erlangers.org
T.C. Thompson Children's Hospital
910 Blackford Street
Chattanooga, Tennessee 37403

CONFERENCE ROOMS ARE ALWAYS COLD. Dress in **WARM** layers so you can put on or take off layers depending on the temperature. You might consider not wearing sandals which would make your feet colder if you get cold easily.

Please write your Breakout Session selections below:

(Rank your choices for each breakout session below. Space is limited in each breakout session. Once the room is full you will be assigned to your second or third choice.)

Breakout Session #1 (A, B, C)

1st choice _____ 2nd choice _____ 3rd choice _____

Breakout Session #2 (D, E, F)

1st choice _____ 2nd choice _____ 3rd choice _____

Name/Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Hospital/Employer _____

Lunch Entrée Preference: Please select your choice

Vegetarian Lasagna **OR** Chicken