



12th ANNUAL SCIENTIFIC SESSIONS OF THE CARDIAC NEURODEVELOPMENTAL OUTCOME COLLABORATIVE

September 12-14, 2024 | Preconference Workshop September 11

Brought to the learner in hybrid format in collaboration with St. Louis Children's Hospital at Washington University.

One form per registrant. PLEASE PRINT ~ ALL FIELDS ARE REQUIRED

Name _____
Last Name First Name Middle Initial Credentials

Mailing Address _____

City _____ State _____ ZIP _____

Institution _____ City/State _____

Position or Title _____ Specialty _____

Mobile Phone () _____ Alternate Phone Office Home () _____

Email* _____ **E-mail required for confirmation.*

If you have not received a confirmation email within seven days of submitting this form, contact cnoc@cardiacneuro.org.

Please indicate whether you will attend in person or virtually.

I will be attending In person Virtually

Your registration will **NOT** be processed without an indication of whether you will attend in person or virtually. You must complete both pages of this form. Both in person and virtual meeting participants will have access to the livestream sessions through the Mobile Meeting Guide during the meeting, as well as access to session recordings after the meeting. The deadline for changing your registration type is September 3.

PRECONFERENCE WORKSHOP REGISTRATION | September 11

<input type="checkbox"/> CNOC Member Registration	Through 8/12/24 \$100 USD	After 8/12/24 \$125 USD	<input type="checkbox"/> CNOC Non-member Registration	Through 8/12/24 \$125 USD	Through 8/12/24 \$175 USD
<input type="checkbox"/> People with CHD & Family Members	Complimentary with Scientific Sessions. Register for Scientific Sessions below.				
<input type="checkbox"/> Colleagues from a World Bank-defined Low and Middle Income Country (LMIC)	Complimentary with Scientific Sessions. Register for Scientific Sessions below.				

SCIENTIFIC SESSIONS REGISTRATION | September 12-14

CNOC Member Registration	Through 8/12/24	After 8/12/24	Non-Member Registration	Through 8/12/24	After 8/12/24
<input type="checkbox"/> Physicians	\$500 USD	\$550 USD	<input type="checkbox"/> Physicians	\$550 USD	\$600 USD
<input type="checkbox"/> Psychologists	\$400 USD	\$450 USD	<input type="checkbox"/> Psychologists	\$450 USD	\$500 USD
<input type="checkbox"/> Therapists, Nurses, Students/Trainees	\$300 USD	\$350 USD	<input type="checkbox"/> Therapists, Nurses, Students/Trainees	\$325 USD	\$375 USD
People with CHD & Family Members					
<input type="checkbox"/> People with CHD and Family Members	\$50 USD	\$50 USD			
Colleagues from a World Bank-defined Low and Middle Income Country (LMIC)					
This registration fee does not include continuing education credits, although you will be able to print a Certificate of Attendance. Documentation of residence/work place required (e.g., a photo ID). Please scan/mail/fax with registration.	\$100 USD	\$125 USD	Includes both the Preconference Workshop and the Scientific Sessions.		

Breakout Sessions | Please select one two-hour session. People with CHD and family members are encouraged in every session.

<input type="checkbox"/> Research Unlocking Insights: Strategies and Guidelines for Effective Research with CNOC	<input type="checkbox"/> Inpatient ND Programs Beyond the Heart: Prioritizing Neurodevelopment in Inpatient Settings
<input type="checkbox"/> Outpatient ND Follow-up Programs Building Bridges: Coordinated Care for Ongoing Neurodevelopmental Follow-up in CHD	<input type="checkbox"/> Hybrid Lived Experiences, Storytelling and Advocacy

Celebration Dinner | September 12 | Missouri Botanical Garden

\$50 per ticket Registrant Guest(s) # _____

Guest(s) names: _____ Subtotal @ \$50 per ticket \$ _____

TOTAL AMOUNT DUE: _____



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REGISTRATION FORM, PAGE 2

The meeting format is a hybrid of in person and virtual. You can choose to attend in person in St. Louis or virtually from your home or office. Both types of attendees will have access to the live sessions, and to the recorded sessions on demand following the meeting.

If you wish to change your registration type (i.e. In Person to Virtual), please contact cnoc@cardiacneuro.org. **The deadline for changing your registration type is September 3, 2024.

NOTE: Registrations will no longer be accepted after the completion of the meeting program on September 27, 2024. All attendees, whether viewing the sessions in person or virtually, will have 30 days after the end of the live meeting to complete the online evaluation and claim your CME credits.

Questions? Please email us at cnoc@cardiacneuro.org.

- I have read and agree to the **Refund Policy**: 80% refund through 8/12/24; no refunds after 8/12/24. Refunds will be determined by the date the written cancellation request is received. All cancellations must be in writing. Contact CNOc headquarters with any questions.

Payment Information:

Payment in USD

Check (US currency) payable to CNOc Credit Card Payment: VISA MasterCard Discover AMEX

Credit Card No. _____ Exp. Date _____ CVV Security Code _____

Billing Address _____ Billing Zip Code _____

Signature _____ Printed Name on Card _____