



13th ANNUAL SCIENTIFIC SESSIONS OF THE CARDIAC NEURODEVELOPMENTAL OUTCOME COLLABORATIVE

September 17-19, 2025 | Postconference Workshop September 20

Brought to the learner in hybrid format in collaboration with Children's Hospital Colorado.

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 (All times are Mountain Time).

I will be attending ☐ In person ☐ Virtually (Mountain Time Zone)

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 Meeting Guide during the meeting, as well as access to session recordings after the meeting. The deadline for changing your registration type is September 8.

SCIENTIFIC SESSIONS REGISTRATION | Wednesday, September 17- Friday, September 19

CNOC Member Registration	Through 8/18/25	After 8/18/25	Non-Member Registration	Through 8/18/25	After 8/18/25
<input type="checkbox"/> Physicians	\$550 USD	\$600 USD	<input type="checkbox"/> Physicians	\$600 USD	\$650 USD
<input type="checkbox"/> Psychologists	\$450 USD	\$500 USD	<input type="checkbox"/> Psychologists	\$500 USD	\$550 USD
<input type="checkbox"/> Therapists, Nurses, Students/Trainees, Advanced Practitioners	\$350 USD	\$400 USD	<input type="checkbox"/> Therapists, Nurses, Students/Trainees, Advanced Practitioners	\$375 USD	\$425 USD

People with CHD & Family Members

<input type="checkbox"/> People with CHD and Family Members	\$50 USD	\$50 USD
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Colleagues from a World Bank-defined Low and Middle Income Country (LMIC)

<input type="checkbox"/> Colleagues from a World Bank-defined Low and Middle Income Country (LMIC)	\$150 USD	\$150 USD	This registration fee does not include continuing education credits, although you will be able to request a Certificate of Attendance. Documentation of residence/work place required (e.g., a photo ID). Please scan/mail/fax with registration.
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Breakout Sessions | Please select one two-hour session. All topics are offered for in-person and virtual attendees.

<input type="checkbox"/> Support for CHD Patients Across Ages	<input type="checkbox"/> Navigating Inpatient and Outpatient CND Programs
<input type="checkbox"/> Neurosurveillance Along the Cardiac Expedition	

POSTCONFERENCE WORKSHOP REGISTRATION | Saturday, September 20, 8:00 am - 12:00 pm MT

<input type="checkbox"/> CNOC Member Registration	Through 8/18/25 \$150 USD	After 8/18/25 \$200 USD	<input type="checkbox"/> CNOC Non-member Registration	Through 8/18/25 \$175 USD	Through 8/18/25 \$225 USD
<input type="checkbox"/> People with CHD & Family Members	Complimentary, but must register to attend		<input type="checkbox"/> Colleagues from a World Bank-defined Low and Middle Income Country (LMIC)	Complimentary, but must register to attend	

Please select one topic. Both topics are offered for in-person and virtual attendees.

<input type="checkbox"/> Basecamp to Summit: Navigating the Challenges, Applications, and Impact of the Bayley Assessment	<input type="checkbox"/> Taking Neuroimaging in CHD to New Heights
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Celebration Dinner | September 18 | Denver Museum of Nature and Science

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

TOTAL AMOUNT DUE: _____



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REGISTRATION, PAGE 2

The meeting format is a hybrid of in person and virtual. You can choose to attend in person in 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.

By submitting this registration, I affirm I have read and agree to the following terms:

• **COVID-19 RELEASE & HOLD HARMLESS AGREEMENT:** By registering and attending a Cardiac Neurodevelopmental Outcome Collaborative (CNOC) event/meeting you acknowledge that there is an unknown risk of exposure to COVID-19 through exposure to contaminated objects, as well as through personal contact. Such exposure carries with it a certain degree of risk that could result in illness, disability or death. You and your accompanying guest(s) agree to release and hold harmless CNOC, its employees, officers, management company (staff) and vendors from and against all claims of damages and liability resulting from exposure to COVID-19. Registrants/Attendees and guests also warrant they are abiding by their state/locality laws regarding COVID-19 restrictions. Initial _____ (Required field)

• **CROWD RELEASE:** By registering and attending a Cardiac Neurodevelopmental Outcome Collaborative (CNOC) event/meeting you grant CNOC full rights in perpetuity to use the images resulting from the photography/video filming taken at the event/meeting, and any reproductions or adaptations of the images for publicity or other purposes to help achieve CNOC's mission. This might include (but is not limited to), the right to use them in CNOC's printed publications and in online publicity, social media, and live streaming. Initial _____ (Required field)

Americans with Disabilities Act: CNOC has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accessible accommodations, please email cnoc@cardiacneuro.org for assistance.

Dietary Restrictions/Needs: Please indicate if you have any dietary restrictions or needs. We want to ensure everyone can participate comfortably and safely. Please check all that apply and provide details in the space provided.

☐ Vegetarian ☐ Vegan ☐ Gluten-free ☐ Dairy-free/Lactose-intolerant
☐ Other specific allergies or intolerances (Peanut allergy, shellfish allergy, etc.) _____
☐ Other (please specify): _____

****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 8, 2025.**

NOTE: Registrations will no longer be accepted after the completion of the meeting program on September 20, 2025. 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 8/18/25; no refunds after 8/18/28. 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 _____