



MULTIPROFESSIONAL CRITICAL CARE PEDIATRIC

Society of
Critical Care Medicine
The Intensive Care Professionals

AUGUST 17-19, 2026

Choose from four easy ways to register:

For orders placed online or by phone, please have your credit card and email ready.

1. Online: sccm.org/peds-review 2. Phone: +1 847 827-6888 3. Fax: +1 847 439-7226 4. Mail: SCCM, 35083 Eagle Way, Chicago, IL 60678-1350, USA

Please type or print clearly and keep a copy of this form for your records.

*Email _____ SCCM Customer ID _____

First Name _____ Middle Initial _____ Last Name (Surname) _____

Degrees/Credentials (e.g., ACNP, MD, PharmD, RN, RRT) _____

Address _____

City _____ State _____ Zip/Postal Code _____

Phone _____ Home Office Cell/Mobile

Organization _____

Emergency Contact Name _____ Emergency Contact Phone _____

Dietary Requirements: Gluten Free Vegan Vegetarian Food Allergies _____

If you require any special assistance related to a disability or other needs, please contact Society of Critical Care Medicine (SCCM) Customer Service at support@sccm.org or +1 847 827-6888, Monday through Friday between 8:00 a.m. and 5:00 p.m. Central Time, to discuss specific requirements.

By registering for this activity, you consent to receiving communications from SCCM and event sponsors, when applicable. You may update your communication preferences in your profile.

Multiprofessional Critical Care Review: Pediatric

August 17-19, 2026
SCCM Headquarters and
Conference Center
500 Midway Drive
Mount Prospect, Illinois, USA

SCCM offers a **global pricing structure** as part of its equity commitment. To see your price, visit sccm.org/peds-review and log in. Learn more at sccm.org/pricing.

Pricing

Registration Category and Rate

SCCM Member

<input type="radio"/> Select Member - Physician	\$1,640
<input type="radio"/> Select Member - Healthcare Professional	\$1,353
<input type="radio"/> Professional Member - Physician	\$1,743
<input type="radio"/> Professional Member - Healthcare Professional and Trainee**	\$1,438
<input type="radio"/> Associate Member - Physician	\$1,948
<input type="radio"/> Associate Member - Healthcare Professional	\$1,607

Nonmember

<input type="radio"/> Physician	\$2,050
<input type="radio"/> Healthcare Professional	\$1,692

Total **\$**

**Trainees must be members of SCCM's Sponsored Trainee Program.

Payment Information: Payment must accompany registration form.

If credit card information is provided, please mail this form or fax to this secure number: +1 847 439-7226. Emailing credit card information is not a secure method of transmission. SCCM is in compliance with PCI best practices. Any incomplete or missing information will delay registration.

Check (Must be U.S. funds drawn on a U.S. bank.) Wire Transfer (Please contact SCCM Customer Service for wire transfer information.)

Credit Card: American Express Discover MasterCard Visa

Card Number _____ Expiration Date _____ CVV _____

Cardholder Name _____ Billing Zip/Postal Code _____

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*A valid email address is required. Use the email address associated with your SCCM account.

Cancellation Policy: Registrants may be eligible for refunds of activities at SCCM's discretion. If you have not accessed the activity's materials, have not completed a significant portion of the activity, and/or the content does not meet your needs, you may be eligible for a refund. A registrant's cancellation of an in-person activity may incur a fee, at SCCM's discretion. To reschedule an in-person activity, please contact SCCM Customer Service at least 30 days before the activity. If SCCM cannot hold an activity as intended, SCCM shall not be liable for any costs, expenses, or fees related to cancellation of travel and attendance associated with the event.