DESCRIPTION
The Spectrum of Developmental Disabilities activity will provide an interdisciplinary approach to the issues of motor dysfunction. The multidisciplinary course will involve experts from medicine, including, epidemiology, genetic and immunologic issues, diagnostic overlaps, associated dysfunctions, evaluation and management, outcomes and future directions.

OUTCOMES SURVEY
A survey will be sent to all physicians attending within three months post activity to assess if the experience met the stated outcomes.

EVALUATION
A form will be available to attendees to evaluate each session and each speaker's presentation, as well as to identify future educational needs.

REGISTRATION AND LOCATION
March 18, 2013 8:00 – 9:45 a.m.
Thomson B. Turner Building, Johns Hopkins University School of Medicine
720 Rutland Avenue, Baltimore, Maryland 21205
The Turner Building is located on Rutland Avenue at Monument Street. Directions and campus parking information are available on our website under the contact and travel section at www.HopkinsCME.edu. Handicapped parking is available in the nearby Rutland Garage. Complimentary round-trip transportation will be provided for attendees staying at conference headquarters hotel.

FEES
REGISTRATION CUT-OFF DATE: MARCH 12, 2013

Methods of Payment: Payment by check or credit card must accompany the registration form prior to the activity. On-site payments by credit card only. Foreign payments must be by credit card or with a U.S. Dollar World Money Order. The registration fee includes instructional materials, continental breakfast, refreshment breaks and lunches.

Registration Fee ................................................. $535

You will receive a confirmation by e-mail if you have provided your e-mail address. Otherwise confirmation will be sent by mail. If you have not received it by March 12, 2013, call (410) 638-9334 to confirm that you are registered. A receipt of attendance will be sent by mail on March 12, 2013 to the e-mail address you provide on the registration form.

The Johns Hopkins University reserves the right to cancel or postpone any activity due to unforeseen circumstances. In this event, the University will refund the registration fee but is not responsible for travel expenses. Additionally, we reserve the right to change the venue to a comparable venue. Under such circumstances, registration fees will be refunded as soon as possible.

LATE FEE AND REFUND POLICY
A $50 late fee applies for registrations received after 5:00 p.m. EST, on March 12, 2013. A handling fee of $50 will be deducted for cancellations. Refund requests must be received by fax or mail by March 12, 2013. No refunds will be made thereafter. Transfer of Registration to another Johns Hopkins conference in lieu of cancellation is not possible.

SOCIAL EVENT
A complimentary reception for registrants and faculty will be held Monday, March 18, 2013, 5:10 – 6:00 p.m.

CEUs will be awarded upon completion of this activity.

OUTCOMES SURVEY
A survey will be sent to all physicians attending within three months post activity to assist in determining if the experience met the stated outcomes.

EMERGENCY CALLS
During the days of this activity only, March 18 – 20, 2013, direct emergency calls to the Hopkins university dispatch: (410) 506-6000.
**REGISTRATION FORM**

To Register: Online: www.HopkinsCME.edu
By fax: (410) 516-7088  By phone (credit card only) (410) 502-9634

Or mail this form to the Johns Hopkins University Office of Continuing Medical Education, P.O. Box 64126, Baltimore, Maryland 21264-4126. Include check payable to HOPKINS-80029900 or include credit card information below.

**PAYMENT MUST ACCOMPANY FORM TO CONFIRM YOUR REGISTRATION.**

1) I am a Johns Hopkins speaker for this activity
2) Please type or print clearly:

**Registration Fee:**
$535

For registrations received after 5:00 p.m. EST on March 12, 2013, include a $50 late fee. On-site registrations are payable only by credit card.

**Social Event – Welcome Reception**

1) I will attend
2) number of guests at $20 each

Total amount enclosed $________

**Payment Type:**

[JHU Faculty/Staff Only: If you are using your Tuition Remission Benefit or an ION budget, please complete this registration form and return with appropriate payment processing Slip (CME/Tier 26). Forms can be found on-line at http://www.hopkinscme.edu/Resources/resources.aspx.

Check [ ] Card [ ] Check [ ] Credit Card [ ] VISA [ ] MasterCard [ ] Discover [ ] AMEX

**Card #** - **Exp Date**

Name on Card -

Signature & Date -