**Pediatric Critical Care Medicine Fellowship**  
Department of Anesthesiology and Critical Care Medicine  
The Johns Hopkins Medical Institutions  
Charlotte R. Bloomberg Children’s Center  
1800 Orleans Street  
Baltimore, MD 21287

SCHOOL OF MEDICINE

**14th Annual Sadie Abell Pediatric Critical Care Medicine Fellows Bootcamp**

**Thursday, April 24, 2025 – Saturday, April 26, 2025**

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| **FACULTY PRE-REGISTRATION FORM**   1. Please complete the pre-registration form - **type or print clearly** 2. Return the completed Faculty Pre-Registration Form to Sherrie Fornoff, [sfornoff@Jhmi.edu](mailto:sfornoff@Jhmi.edu) 3. There is no registration fee for faculty attending the Bootcamp. 4. Faculty attending the Bootcamp will be provided with instructional materials, food, and beverage. |  |

**FACULTY REGISTRATION FORM**

**NAME OF INSTITUTION**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­

**NAME OF PROGRAM COORDINATOR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM COORDINATOR’s EMAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) faculty will be attending**

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|  | **Last Name** | **First Name** | **Email Address** | **Thursday April 24** | **Friday**  **April 25** | **Saturday**  **April 26** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |