

REGISTRATION FORM

Tax ID #62-1218474
 Check in the appropriate boxes wherever necessary

Name: _____ Date: _____
 (print name & title as you wish it to appear on badge- i.e. PA, PA-C, PA-S, NP, MPAS, etc.)
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 E-mail: _____ Specialty: _____

Full Program Registration Fees

Become a TAPA member at www.tnpa.com and save! Registration form and payment must be postmarked, fax dated or received online by the following deadlines.

Postmarked by	Early July 31	Regular Aug. 1 - Sept. 19	On-Site After Sept. 19
TAPA Member:	\$395	\$415	\$465
Non-Member:	\$545	\$565	\$605
Student:	\$75	\$95	\$120
Daily Registration Fees			
TAPA Member:	\$135	\$155	\$185
Non-Member:	\$185	\$205	\$235
Student:	\$25	\$30	\$50
Guest Pass to Exhibit Hall: Monday - Wednesday		\$30	

REGISTRATION FEES = \$ _____ Including Guest Passes to Exhibit Hall. Please list days attending if registering daily: _____

Monday

- Welcome Reception** – Complimentary event.
Pre-registration required.
- Optional CME Workshop #1** – Basic Life Support Certification
Workshop Qty. _____ x \$50 = \$ _____

Tuesday

- TAPA Awards Luncheon:** sponsored by HPSO
Complimentary event. Pre-registration required
- Optional CME Workshop #2** – Suturing Techniques
Workshop. Qty. _____ x \$75 = \$ _____
- 5K Run/Walk** - separate payment required
 - Student: Qty. _____ x \$15 = \$ _____
 - Early Registration: Qty. _____ x \$20 = \$ _____

Wednesday

TAPA General Membership Meeting

Thursday

- Legislative Luncheon:**
 - Conference Attendee: Qty. _____ x \$10 = \$ _____
 - Guests: Qty. _____ x \$25 = \$ _____
- Optional CME Workshop #3**
EKG Workshop Qty. _____ x \$75 = \$ _____
- Optional CME Workshop #4**
Ultrasound Workshop Qty. _____ x \$100 = \$ _____
- TAPA Family Night Hoedown**
 - Adult: Qty. _____ x \$20 = \$ _____
 - Children 11 and under: Qty. _____ x \$10 = \$ _____

5K RUN/WALK FEES = \$ _____

OTHER FEES = \$ _____

Payment:

- Check (enclosed).** Check payments should be made out to TAPA. Separate payment for the 5K should be made out to TAPA PAC. State law requires checks to the PAC be drawn from personal accounts. The PAC cannot accept corporate checks for race registrations. Registration and check payments should be mailed to: P.O. Box 150785, Nashville, TN 37215.
- Credit Card.** VISA MasterCard Discover American Express # _____

Expiration Date: _____ Signature: _____ # _____ (3-digit for VISA and MC, 4-digit for AMEX)

Billing Address of Credit Card Holder Note: If billing address of credit card does not match attendee's address, please provide billing address of credit card.

Name of card holder: _____
 Address: _____ City, State, Zip: _____

TOTAL \$ _____ Separate Payment for 5K Run/Walk: \$ _____ Shirt size (circle one) Small Medium Large X-Large XX-Large

Refunds and Cancellations: Cancellation/refund requests must be submitted in writing. Requests postmarked, fax-dated or sent by e-mail by the following dates will receive the corresponding refund: Before Aug. 31: 100 percent; between Sept. 1-19: 50 percent; beginning Sept. 20 no refunds will be given.