

FallFest

Registration Form

Tax ID# 62-1218474

Check in the appropriate boxes where necessary

Presented by the
Tennessee Academy of Physician Assistants
Oct. 9-13, 2017
Register by 8.4.17 for Early Bird Discount
Online: www.tnpa.com
Fax: 615.463.0036
Mail: P.O. Box 150785, Nashville, TN 37215

Name: _____ NCCPA ID Number: _____
(print name and title as you wish them to appear on your badge, i.e., PA, PA-C, PA-S, NP, MPAS, etc.)

Address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Work phone: _____

Email: _____ Specialty: _____

Conference Registration Fees

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

	Early on or before Aug. 4	Regular Aug. 5-Sept. 22	Onsite After Sept. 22
<input type="checkbox"/> TAPA Member	\$495	\$525	\$575
<input type="checkbox"/> Non-Member	\$670	\$700	\$750
<input type="checkbox"/> TAPA Student Member	\$95	\$105	\$120
<input type="checkbox"/> Student Non-Member	\$145	\$155	\$170
Daily Registration Fees:			
<input type="checkbox"/> TAPA Member	\$175	\$195	\$225
<input type="checkbox"/> Non-member	\$235	\$255	\$285
<input type="checkbox"/> TAPA Student Member	\$55	\$65	\$80
<input type="checkbox"/> Student Non-Member	\$75	\$85	\$100

REGISTRATION FEES=\$ _____ Daily attendees, please list days attending: _____

Monday, Oct. 9

- Product Theater Luncheon, sponsored by Gilead *Pre-registration required.*
- Basic Suturing for PA Students Qty. ___ x \$25 = \$___
- Advanced Suturing for PA Students Qty. ___ x \$25 = \$___
- PA Student EKG Workshop Qty. ___ x \$25 = \$___
- Student workshops are concurrent. Please only register for one.*
- TAPA's 4th Annual Student Challenge Bowl

Tuesday, Oct. 10

- Guest pass for Exhibit Hall Qty. ___ x \$30 = \$___
- Legislative Luncheon, Conference Attendee Qty. ___ x \$10 = \$___
- Legislative Luncheon, Guest Qty. ___ x \$25 = \$___
- Laboratory Medicine Review Workshop Qty. ___ x \$75 = \$___
- Escape Challenge Qty. ___ x \$25 = \$___
- Networking Dinner

Wednesday, Oct. 11

- Product Theater Luncheon, sponsored by Shire. *Pre-registration required.*
- Advanced EKG Workshop Qty. ___ x \$75 = \$___
- Networking Dinner

Thursday, Oct. 12

- TAPA Awards Luncheon and Membership Meeting - *Complimentary event. Pre-registration required.*
- BLS Certification & Recertification Workshop Qty. ___ x \$75 = \$___
- Networking Dinner

Friday, Oct. 13

- CME Breakfast, sponsored by Practice Point Communications- *Complimentary event. Pre-registration required.*
- Other fees = \$ _____
- I request vegetarian meals. Other special dietary needs: _____

Notebook Preorder (available for pick up at conference) Qty. ___ x \$35 = \$ _____ Onsite notebook purchases are \$45/each.

Payment

- Check enclosed.** Checks should be made out to TAPA. Registration and payment should be mailed to: P.O. Box 150785, Nashville, TN 37215.
- Credit Card.** Visa Mastercard Discover American Express **Number:** _____
- Expiration Date: _____ Signature: _____ CVV: _____ (3 digit for Visa, MC, 4 for AMEX)
- If billing address or name on credit card does not match attendee's information, please provide cardholder's name and address.*
- Cardholder's name: _____
- Address: _____ City, State, ZIP: _____

TOTAL: \$ _____

Refunds and Cancellations: Cancellation/refund requests must be submitted in writing. Requests postmarked, faxed, or emailed by the following dates will receive the corresponding refund: On or before Sept. 1, 100 percent minus a \$50 processing fee; between Sept. 2-21, 50 percent; beginning Sept. 22, no refunds will be given.

Note: There is a minimum number of participants required in order for workshops/special events to take place. In the event of a workshop or special event cancellation due to low participation, registrants will receive a full refund. All workshop participants will receive certificates of completion at the conclusion of the session.