

Spring Fling

Registration Form

Tax ID# 62-1218474

Check in the appropriate boxes where necessary

Presented by the
Tennessee Academy of Physician Assistants
April 5-7, 2018

Register by Feb. 23 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 Feb. 23	Regular Feb. 24-March 16	Onsite After March 17
<input type="checkbox"/> TAPA Member	\$315	\$345	\$395
<input type="checkbox"/> Non-Member	\$415	\$445	\$495
<input type="checkbox"/> TAPA Student Member/Retired Member	\$75	\$75	\$100
<input type="checkbox"/> Student Non-Member	\$125	\$125	\$150
Daily Registration Fees:			
<input type="checkbox"/> TAPA Member	\$160	\$190	\$220
<input type="checkbox"/> Non-member	\$210	\$240	\$270
<input type="checkbox"/> TAPA Student Member/Retired Member	\$40	\$40	\$65
<input type="checkbox"/> Student Non-Member	\$60	\$60	\$85

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

Events

Product Theater Luncheon, April 5 - Complimentary event. Pre-registration required.

Product Theater Luncheon, April 6- Complimentary event. Pre-registration required.

I request vegetarian meals. Other special dietary needs: _____

Dermatology Workshop, April 7, \$75 per person

Notebook

Preorder (available for pick up at conference) Qty. _____ x \$35 = \$ _____

Notebooks purchased after March 17 are \$45.

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 Feb. 23, 100 percent minus a \$50 processing fee; between Feb. 24-March 16, 50 percent; beginning March 17, 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.