

FallFest

Registration Form

Tax ID# 62-1218474

Check in the appropriate boxes where necessary

Presented by the
Tennessee Academy of Physician Assistants

Oct. 8-12, 2018

Register by 8/3/18 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. 3	Regular Aug. 4-Sept. 21	Onsite After Sept. 21
<input type="checkbox"/> TAPA Member	\$475	\$500	\$550
<input type="checkbox"/> Non-Member	\$650	\$675	\$725
<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. 8

- Product Theater Luncheon, sponsored by Gilead. *RSVP requested.*
- Basic Suturing for PA Students \$25
- PA Student EKG Workshop \$25
- Student workshops are concurrent. Please only register for one.*
- TAPA's 4th Annual Student Challenge Bowl
- Guest pass for Exhibit Hall Qty. ____ x \$30 = \$ ____

Tuesday, Oct. 9

- Legislative Luncheon, Conference Attendee. *RSVP requested.*
- Legislative Luncheon, Guest Qty. ____ x \$25 = \$ ____
- Advanced EKG Workshop \$75
- Basic Suturing for PA Students \$25

Wednesday, Oct. 10

- Product Theater Luncheon, sponsored by Alexion. *RSVP requested.*
- Dermatology Workshop \$75

Thursday, Oct. 11

- TAPA Awards Breakfast and Membership Meeting - *RSVP requested.*
- BLS Certification & Recertification Workshop \$75
- Product Theater Luncheon, sponsored by The University Medical Center of Nebraska and Practice Point Communications. *RSVP requested.*

I request vegetarian meals. Other special dietary needs: _____ Other fees = \$ _____

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

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 Aug. 31, 100 percent minus a \$50 processing fee; between Sept. 1-21, 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.

Persons with disabilities: If you have a disability and require special accommodations or assistance, please notify TAPA upon submitting a registration.