

FallFest Registration Form

Oct. 4-8, 2021



Register by July 31 for Early Bird Discount

Fax: (615) 463-0036

Check the appropriate boxes below to make your registration selections.

Mail: PO 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 and payment must be postmarked or received by the following dates to qualify for discounts. Become a TAPA member and save more!

Full Conference Registration Fees	Early <i>On or before July 31</i>	Regular <i>Aug. 1-Sept. 17</i>	Onsite <i>After Sept. 17</i>
<input type="checkbox"/> TAPA Member	\$495	\$520	\$570
<input type="checkbox"/> Non-Member	\$670	\$695	\$745
<input type="checkbox"/> TAPA Student Member/Retired Member*	\$120	\$130	\$145
<input type="checkbox"/> Student Non-Member	\$170	\$180	\$195
Daily Registration Fees			
<input type="checkbox"/> TAPA Member	\$185	\$205	\$245
<input type="checkbox"/> Non-Member	\$245	\$265	\$295
<input type="checkbox"/> TAPA Student Member/Retired Member*	\$80	\$90	\$105
<input type="checkbox"/> Student Non-Member	\$100	\$110	\$125

TAPA is pleased to offer a virtual option for the conference. Please indicate if you will attend in-person or virtually.
 In-person
 Virtual

*The student/retired rate is for auditing only. In order to earn CME, attendees must be registered for the regular registration rates.

Registration Fees Subtotal: \$ _____ Daily attendees, please list days attending: _____

Student registrations include one student workshop on Monday, Oct. 4 (circle ONE) EKG Interpretation Joint Injections

Add-On Items

Workshops

- Chest Radiology, Tuesday, Oct. 5 \$75
- BLS, Wednesday, Oct. 6 \$75
- Neurology Cases, Thursday, Oct. 7 \$75
- Notebook, \$35 (\$45 beginning Sept. 17)

Notebooks are only available to in-person attendees. TAPA is unable to mail notebooks to virtual attendees.

Luncheons

- Product Theater Luncheon, Monday, Oct. 4
- Legislative Luncheon, Tuesday, Oct. 5
- Product Theater Luncheon, Wednesday, Oct. 6
- Product Theater Luncheon, Thursday, Oct. 7

Please indicate if you plan to attend a luncheon so that sponsors can plan accordingly.

List dietary restrictions: _____

Add-On Fees Subtotal \$ _____

Payment

Grand Total Due: \$ _____

Check enclosed (Check should be made out to TAPA.)

Credit Card Visa Mastercard Discover AMEX Number: _____

Expiration date: _____ CVV: _____ Signature: _____

Cardholder's name: _____

Billing address: _____ City, State, Zip: _____

Refunds and Cancellations: Cancellation/refund request MUST be submitted in writing (mailed, faxed or emailed). Requests submitted by the following dates will receive the corresponding refund: On or before Sept. 17, 100 percent minus a \$50 processing fees; beginning Sept. 18, 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 cancellation due to low participation, a full refund will be issued.**