

FallFest Registration Form

Oct. 6-10, 2025



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 On or before July 31	Regular Aug. 1-Sept. 19	Onsite After Sept. 19
<input type="checkbox"/> TAPA Member	\$525	\$550	\$600
<input type="checkbox"/> Non-Member	\$695	\$725	\$775
<input type="checkbox"/> TAPA Student Member/Pre-PA Student/Retired Member*	\$125	\$135	\$150
<input type="checkbox"/> Student Non-Member	\$175	\$185	\$200
Daily Registration Fees			
<input type="checkbox"/> TAPA Member	\$295	\$315	\$355
<input type="checkbox"/> Non-Member	\$385	\$405	\$445
<input type="checkbox"/> TAPA Student Member/Pre-PA Student/Retired Member*	\$85	\$95	\$110
<input type="checkbox"/> Student Non-Member	\$105	\$115	\$130

*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: _____

Add-On Items

- ☐ BLS Cert/Recert Workshop, Wednesday, Oct. 8, **\$75**
- ☐ Injections workshop, Wednesday, Oct. 8, **\$150**
- ☐ AHA ACLS Recertification Workshop, Thursday, Oct. 9, **\$150**
- ☐ Notebook, **\$55 (\$65 beginning Sept. 20)**
- ☐ Social mixer at Anakeesta, Tuesday, Oct. 8, **\$53** (ages 12-59), **\$41** (ages 4-11) per person; Astra Lumina ticket add on, **\$17** per person; Beer Festival ticket add-on, **\$22** per adult

Add-On Fees Subtotal \$ _____

Luncheons

- ☐ Legislative Luncheon, Monday, Oct. 6
 - ☐ Product Theater Luncheon, Tuesday, Oct. 7
 - ☐ Product Theater Luncheon, Wednesday, Oct. 8
 - ☐ Product Theater Luncheon, Thursday, Oct. 9
- Please indicate if you plan to attend a luncheon so that sponsors can plan accordingly.
List dietary restrictions: _____

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. 30, 100 percent minus a \$50 processing fee; beginning Oct. 1, no refunds will be given. Beginning Sept. 20, notebook cancellations will not be eligible for a refund. **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.**