

Signature: _____



Register by Feb. 28 for Early Bird Discount
Mail: PO Box 150785, Nashville, TN 37215
Tax ID# 62-1218474

Check the appropriate boxes below to make your registration selections.

Name:	NCCPA ID Number:		
(print name and title as you wish them to appe	ear on your badge, i.e. PA, P	PA-C, PA-S, NP, M	PAS, etc.)
Address:			
City:	State:	Zip:	
Home phone:	Work Phone:		
Email:	Specialty:		
Conference Registration Fees			
Registration and payment must be postmarked qualify for discounts. Become a TAPA member		ne by the followin	g deadlines to
	Early	Regular	Onsite
Full Conference Registration Fees	On or before Jan. 31	Feb. 1-March 6	March 7-March 28
☐ TAPA Member	\$245	\$275	\$295
□ Non-Member	\$445	\$475	\$495
Registration Fees Subtotal: \$			
Payment			
Payment			
Grand Total Due: \$	_		
Check enclosed (Check should be made out t			
(to TAPA.)		

Refunds and Cancellations: Cancellation/refund requests must be submitted in writing (mailed, faxed or emailed). Requests submitted by the following dates will receive the corresponding refund: On or before March 23, 100 percent minus a \$50 processing fee; beginning March 24, no refunds will be given.

CC Number: _____ Expiration date: _____ CVV: _____

Billing address: _____ City, State, Zip: _____

Cardholder's name: _____