

REGISTRATION FORM SCAPA 2010 FALL CME CONFERENCE

Full Name _____ Phone _____
 Name for Nametag _____ Email _____
 Address _____ NCCPA # for logging hours _____
 City, State, Zip _____ Practice Specialty _____
 Check all that apply: PA-C PA-S AT-C NP Other _____
 Emergency Contact: _____ Phone Number: _____

MEAL & EVENT REGISTRATION

Many meals during the conference are provided through sponsored lectures. This allows us to keep registration fees at a minimum and also helps you out with meal costs. Most of these lectures cannot be counted as Category I CME but may be counted as Category II. Please mark the meals you plan to attend. *Indicates meals where lectures may be given.

Sun, Oct 10: Dinner* **Tues, Oct 12:** Breakfast* CME Lunch* **Thurs, Oct 14:** Breakfast
Mon, Oct 11: Breakfast Lunch **Wed, Oct 13:** Breakfast* Lunch*

Monday Night Cookout: The Monday night cookout is free for conference registrants and open to guests who purchase a ticket. Cookout tickets for adults and children 12 and older are \$30. Tickets for children between the ages of 4 and 11 are \$15, and there is no charge for children 3 and younger. Please indicate how many in your party will attend the cookout and calculate fees below.
 _____ Conference attendee (free) _____ Guests @ \$30 (adults, children 12 and older) _____ Children @ \$15 (4 to 11 years old)

WORKSHOP REGISTRATION

The following workshops are offered for an additional fee of \$75. Please mark those you plan to attend and calculate fees below.

- Coding Workshop:** Sun, 9:00am-Noon **Orthopedic Exam Workshop:** Tues, 3:30-5:30pm
 Suturing Workshop: Mon, 3:30-6:30pm **Contract Negotiations Workshop:** Wed, 3:30-5:30pm

Please check if you do not permit SCAPA to provide your address to exhibiting companies and other attendees.
 Please check if you are disabled or have special needs (including food restrictions or dislikes) and explain

FEES

Full Conference (26 CME hours)
 PA or other healthcare professional..... \$545
 SCAPA PA Member..... \$445
 SCAPA Student Member..... \$95

Daily Rate for PA of Other Healthcare Professional

Indicate day(s) for which registration applies:

- Sunday (4 CME hours) @ \$150
 Monday (6 CME hours) @ \$180
 Tuesday (6 CME hours) @ \$180
 Wednesday (6 CME hours) @ \$180
 Thursday (3 CME hours) @ \$120

Daily Rate for SCAPA Member

Indicate day(s) for which registration applies:

- Sunday (4 CME hours) @ \$115
 Monday (6 CME hours) @ \$140
 Tuesday (6 CME hours) @ \$140
 Wednesday (6 CME hours) @ \$140
 Thursday (3 CME hours) @ \$90

Early Bird Discount: Subtract \$50 for registrations postmarked by September 1.

Late Fee: Add \$50 for registrations postmarked after September 30.

Other Fees

Adult Cookout Ticket.....\$30
 Child Cookout Ticket\$15
 Workshop.....\$75

REFUND POLICY

Written notice of cancellation must be received by October 1, 2010. A \$100 administrative fee will be retained. After October 1, 2010, refunds are not available as full expense of your registration fee has occurred.

REMITTANCE

Send form with payment to SCAPA (Tax ID #57-0645916):

Mail: PO Box 2054, Lexington, SC 29071
 Fax: 803/356-6826
 Email: scapa@sc.rr.com
 Online: www.scapapartners.org

AMOUNT DUE

Registration Fee..... \$ _____
 Early Bird Discount (postmarked by Sept 1)..... - \$ _____
 Late Fee (postmarked after Sept 30)..... + \$ _____
 Workshops (_____ @ \$75) + \$ _____
 Cookout Tickets (_____ @ 30)..... + \$ _____
 Cookout Tickets (_____ @ 15)..... + \$ _____
Total Due: \$ _____

METHOD OF PAYMENT

Check/Money Order payable to SCAPA MC, Visa, Amex
 Card # _____
 Exp Date _____ Security Code _____
 Name on card _____
 Card billing address _____