

SECTION 1

(Complete this entire form to expedite processing. Please print or type. Limit: One registrant per form, except for corporate registration*)

APTA Member No.

Nickname (Optional—for badge)

First Name

Last Name

Title

Daytime Phone

Emergency Contact Phone

E-mail Address (Required)

Confirmation Address


City

State

ZIP

Employer or School Name (and ZIP code, if different)

Will you be registering a guest?If YES, first and last name are required:



☐ Check here for any special needs or requests. APTA will contact you.

***Corporate Member Registration** (APTA membership required.) Corporate rates (below) are per person. A minimum of 3 registrants from the **same** employer must register at one time, using a single form. Attach an additional sheet with contact information, if necessary. Enter address information above.

Facility Name

Employee 2

Employee 1

Employee 3

SECTION 2

Look at Everything Your APTA Conference Registration (June 26-29) includes:

3 days of educational sessions, exhibit hall, scientific posters, Opening Event featuring Dave Barry, acclaimed lectures, McMillian and Maley, amusing Oxford Debate, daily morning coffees, and social events to make new connections.

	Early Bird Deadline April 22		Advance Deadline June 5		Full Rate (See daily rate below)	
Category	Member	Non-member	Member	Non-member	Member	Non-member
PT	<input type="checkbox"/> \$370	<input type="checkbox"/> \$520	<input type="checkbox"/> \$410	<input type="checkbox"/> \$580	<input type="checkbox"/> \$510	<input type="checkbox"/> \$730
PTA	<input type="checkbox"/> \$320	<input type="checkbox"/> \$520	<input type="checkbox"/> \$350	<input type="checkbox"/> \$580	<input type="checkbox"/> \$440	<input type="checkbox"/> \$730
Post-prof Grad Student	<input type="checkbox"/> \$230	<input type="checkbox"/> N/A	<input type="checkbox"/> \$250	<input type="checkbox"/> N/A	<input type="checkbox"/> \$310	<input type="checkbox"/> N/A
Student	<input type="checkbox"/> \$140	<input type="checkbox"/> \$230	<input type="checkbox"/> \$160	<input type="checkbox"/> \$260	<input type="checkbox"/> \$200	<input type="checkbox"/> \$330
Other Healthcare Professional	<input type="checkbox"/> N/A	<input type="checkbox"/> \$370	<input type="checkbox"/> N/A	<input type="checkbox"/> \$410	<input type="checkbox"/> N/A	<input type="checkbox"/> \$510
Corporate*	<input type="checkbox"/> \$330	<input type="checkbox"/> N/A	<input type="checkbox"/> \$370	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Guest*	<input type="checkbox"/> \$70	<input type="checkbox"/> N/A	<input type="checkbox"/> \$80	<input type="checkbox"/> N/A	<input type="checkbox"/> \$100	<input type="checkbox"/> N/A

Daily Rates

Members: PT \$230, PTA \$200, PPG Student \$140, PT/PTA Student \$90, Guest \$50
Nonmembers: PT/PTA \$330, PT/PTA Student \$150, Other healthcare professional \$230
For details and to register online, visit **www.apta.org/Conference**

Add on the APTA Virtual Conference. Enhance your in-person experience through participation in online chats with selected highly-rated speakers, networking with other virtual participants. Sessions in the virtual conference will be recorded and available to you indefinitely on your transcript in APTA's Learning Center.

SECTION 3

Add a Preconference Course on Wednesday
(\$225 Member/\$315 Nonmember)

Choose from 3 preconference titles:

- NPTE Workshop for Faculty [1447752]**
8am-5pm (.9 CEU)
- Prevention Strategies: Activity-related Spinal Disorders [1506779]**
8am-4pm (.8 CEU)
- Pediatric Musculoskeletal Imaging [1448033]**
8am-5pm (.89 CEU)

SECTION 4

Worksheet (Add up your choices)

- Conference Registration (Sec. 2)[FULL]**
- Preconference (Sec. 3)[\$225]**
- Foundation for PT Gala [DINNER]**
Student (\$100), Individual(\$150)
- Foundation for PT Gala [DINNERTBL]**
Table(\$2,000)
- Party with PT-PAC (\$35) [PTPAC]**
(Payment: ☐ Corporate ☐ Personal)
- APTA Virtual Conference (\$80) [VCONF]**
(5 sessions + McMillan + Maley)
- MY TOTAL**

METHOD OF PAYMENT

Mail this Form OR Register Securely Online at www.apta.org/Conference

You may pay by check or credit card. Mail this form with credit card information or check (made payable to APTA) to: APTA Registration Center c/o J. Spargo Associates, 11208 Waples Mill Rd, Suite 112, Fairfax VA 22030.
Or you may contact the Registration Center directly at 877/585/6003.
APTA reserves the right to charge correct amounts; Any outstanding balance will be charged at the non member rate

My Total: \$

Circle one: ☐ Check ☐ Visa ☐ MasterCard ☐ AMEX

Card #

Expires

/

CC Security Code

Cardholder's Name (Print)

Billing Address

Cardholder's Signature

I understand that I may be photographed and/or audio/video recorded during the APTA Conference. By registering for and attending this meeting, I hereby give and grant to APTA the irrevocable right, permission, and license to take photos and/or to audio/video record me at the APTA Conference and to publish, reproduce, distribute, and otherwise use the photos and/or video/audio recording in all forms of media for educational, trade, web, non-profit promotional, advertising, altering without restrictions, and all other lawful purposes without compensation. I release and discharge APTA from any and all claims and liability related to the use of my photo and/or audio/video recording. I agree that the photos and audio/video recording shall be the sole property of APTA and I grant and assign to APTA all necessary rights to that effect.

CANCELLATION POLICY: A \$60.00 cancellation fee will apply for all cancellation requests for preconference and/or full conference registrations received on or before June 5, 2013. A \$20 processing fee will apply when switching or substituting one attendee for another. After June 5, 2013 no refunds will be granted