



NEXT 2018 Registration Form ~ Register online at [www.apta.org/NEXT](http://www.apta.org/NEXT)  
 One Registrant Per Form, except Corporate Member Registrations\*

Check here if you have any special needs in order to fully participate in this event.

APT A Member No. \_\_\_\_\_ Nickname for Badge \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_ Company or Educational Institute \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Guest Name (If registering, First and Last Name Required) \_\_\_\_\_

**\*Corporate Member Registration** (APTA membership required.) Corporate rates are per person. A minimum of 3 registrants from the same employer must register at one time using a single form. Registrants must be active members of APTA. Attach an additional sheet for contact information if necessary.

Facility Name \_\_\_\_\_ Employee 1 \_\_\_\_\_

Employee 2 \_\_\_\_\_ Employee 3 \_\_\_\_\_

**I. Registration Fees**

Your NEXT registration includes: 4 days of education sessions, welcome reception, exhibit hall, and scientific posters.

	Early Bird (Deadline April 19)	Advance (Deadline May 17)	Full/Onsite (May 18 - June 30)	Daily Rates (Circle day(s) attending)
<b>PT Member</b>	\$410	\$450	\$560	\$250 Th F S
<b>PTA Member</b>	\$350	\$390	\$490	\$220 Th F S
<b>Post-Prof Grad Student Member</b>	\$240	\$270	\$340	\$150 Th F S
<b>Student Member</b>	\$190	\$210	\$260	\$120 Th F S
<b>Life Member</b>	\$0	\$0	\$0	\$0 Th F S
<b>Non-Member</b>	\$580	\$640	\$800	\$360 Th F S
<b>Corporate Member*</b>	\$390	\$430	\$540	\$240 Th F S
<b>Other Healthcare Professional**</b>	\$410	\$450	\$560	\$250 Th F S
<b>Guest ***</b>	\$90	\$100	\$130	\$60 Th F S
<b>Exhibit Hall Only</b>	\$100	\$100	\$100	N/A

**II. Preconference Courses Wednesday, June 27, 2018**

- \_\_\_\_\_ **Medical Imaging for Dummies...Like Me [2810693]**  
8:00am—5:00pm (0.9 CEU)  
\$410 Member/\$660 Nonmember
- \_\_\_\_\_ **Addressing the Challenges of Physical Rehabilitation in Critically Ill Adults [2814412]**  
8:00am—5:00pm (0.9 CEU)  
\$410 Member/\$660 Nonmember
- \_\_\_\_\_ **Diagnosis and Management of Hypermobility Spectrum Disorders [2814529]**  
8:00am—5:00pm (0.9 CEU)  
\$410 Member/\$660 Nonmember
- \_\_\_\_\_ **Addiction and Chronic Musculoskeletal Pain: Strategies for the Tough Cases, sponsored by Florida Physical Therapy Association [2897367]**  
8:00am—5:00pm (0.9 CEU)  
\$410 Member/\$660 Nonmember

**III. Ticketed Events**

- \_\_\_\_\_ **Stay Cool with PT-PAC at NEXT | June 27, 2018**  
9:30pm - 11:30pm | Tickets: \$40. Fee is nonrefundable.  
Circle Payment Method Option - **Corporate/Personal**
- \_\_\_\_\_ **Foundation for Physical Therapy: Orlando PT Party | June 28, 2018 |**  
7:30pm - 12 Midnight | Tickets: \$125 Student; \$175 Individual; \$1000 Patron (2 Seats); \$1,250 Half-Table (5 seats) \$2,250 Table (10 seats)

**Method of Payment**

Mail this form OR register online at [www.apta.org/NEXT](http://www.apta.org/NEXT) Fax: 703/631-6288 Phone: 877/585-6003. Full payment must accompany your registration form. Mail this form with credit card information or check (made payable to APTA, and drawn on U.S. Funds) to: APTA Registration Center, c/o SPARGO, Inc., 11208 Waples Mill Rd, Suite 112, Fairfax, VA 22030. APTA reserves the right to charge the correct amount. Inactive members will be charged the nonmember fee.

**PAYMENT OPTIONS**

- I. Conference Registration Fee** \$ \_\_\_\_\_
- II. Preconference Courses** \$ \_\_\_\_\_
- III. Ticketed Events Total** \$ \_\_\_\_\_
- TOTAL DUE:** \$ \_\_\_\_\_

CHECK - Payable to APTA (U.S. dollars drawn on U.S. bank)

I authorize APTA to charge my credit card for registration and ticketed event fees to attend NEXT 2018. APTA reserves the right to charge the correct amount if different from the total listed above.

VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

CARD NUMBER: \_\_\_\_\_

NAME OF CARD HOLDER: \_\_\_\_\_

EXP DATE: \_\_\_\_/\_\_\_\_ SIGNATURE \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Personal Card? \_\_\_\_\_ Corporate Card?

PURCHASE ORDER # \_\_\_\_\_

**\*\*Other Healthcare Professional:** Registrants not eligible for APTA membership.

**\*\*\*Guest:** Spouse/child only. Must register with conference attendee. Please note that children under the age of 18 are not allowed in the exhibit hall or education sessions.

**Cancellation Policy:** A \$60 cancellation fee will apply for all cancellation requests for preconference and/or full conference registrations received on or before May 11, 2018. A \$20 processing fee will apply when switching or substituting one attendee for another. **After May 11, 2018 no refunds will be granted.**

**Consent to Use Photographic Images**

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