

# NEXT APTA Conference and Exposition

CHICAGO • JUNE 12-15, 2019

## REGISTRATION FORM

One registrant per form except Corporate Member Registration  
 Mail To: American Physical Therapy Association  
 P.O. Box 76305  
 Baltimore, MD 21275-6305  
 Fax to: 972-349-7715  
 Online: [www.mcisemi.com/aptanext2019](http://www.mcisemi.com/aptanext2019)  
 Phone: 800-809-9565

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Nickname on Badge \_\_\_\_\_ APTA Member No. \_\_\_\_\_  
 Email Address \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Emergency Telephone Number \_\_\_\_\_  
 Company or Educational Institution \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Guest (If registered. First and last name required) \_\_\_\_\_  
 Social Media Handle \_\_\_\_\_  Check if you have any special needs in order to participate.

**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.

Facility Name \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ APTA Member No. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ APTA Member No. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ APTA Member No. \_\_\_\_\_

### I. Registration Fees

Registration Options	Full/On-Site Begins 5/4/2019	Daily Rates (Circle day(s) attending)
Your NEXT registration includes: 4 days of education sessions, welcome reception, exhibit hall, and scientific posters		
PT Member	\$560	\$250 Th F S
PTA Member	\$490	\$220 Th F S
Life Member	\$0	\$0 Th F S
Nonmember	\$800	\$360 Th F S
Student Member	\$280	\$130 Th F S
Post Professional Grad Student Member	\$340	\$150 Th F S
Corporate Member	\$540	\$240 Th F S
Guest	\$130	\$60 Th F S
Other Health Care Professional	\$560	\$250 Th F S
Exhibit Hall Only	\$100	N/A

### II. Preconference Courses - Wednesday, June 12, 2019

- Mindful Awareness Training: Skills for the Pain, Stress, and Opioid Crises -1291** (0.9 CEUs)  
\$410 Member / \$660 Non-Member
- Acute and Chronic Pain Mechanisms: Implications for Physical Therapy Management, Sponsored by the Illinois Physical Therapy Association - 1354** (0.8 CEUs)  
\$410 Member / \$660 Non-Member

### III. Ticketed Events

- Enjoy the Blues with PT-PAC at NEXT**  
June 12, 2019 | 9:00pm – 11:00pm | Tickets: \$50. Fee is nonrefundable.  
Circle Payment Method Option - Corporate/Personal
- Foundation for Physical Therapy Research: Chicago PT Party**  
June 13, 2019 | 7:30pm - 12 Midnight | Tickets: \$125 Student; \$175 Individual; \$1,250 Half-Table (5 seats) \$2,250 Table (10 seats)

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

**\*\*\*Guest: Spouse/child only.** Guests must register with a paid conference attendee. APTA members, and those eligible for APTA membership cannot register as guests. Please note that children under 18 are not permitted in sessions or the exhibit hall.

**Cancellation Policy:** A \$60 cancellation fee will apply for all cancellation requests for preconference and/or full conference registrations received on or before April 26, 2019. A \$20 processing fee will apply when switching or substituting one attendee for another. After April 26, 2019 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.

### Payment Options

- Check  Visa  Mastercard  American Express  Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ CVV Security Code \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Signature \_\_\_\_\_

Fax to: 972-349-7715  Corporate Card  Personal Card

Or  
 Mail to: American Physical Therapy Association  
 P.O. Box 76305  
 Baltimore, MD 21275-6305

I authorize APTA to charge my credit card for registration and ticketed event fees to attend NEXT 2019. Please provide complete credit card information or physical check (made payable to APTA and drawn on U.S. Funds) Full payment must accompany your registration form. Inactive members will be charged the nonmember fee, and APTA reserves the right to charge the correct amount.