



NEXT 2017 Registration Form ~ Register online at 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.

APTA 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 24)	Daily Rates Circle day to attend
PT Member	\$400	\$440	\$550	\$250 Th F S
PTA Member	\$340	\$380	\$480	\$220 Th F S
Post-Prof Grad Student	\$230	\$260	\$330	\$150 Th F S
Student Member	\$180	\$200	\$250	\$110 Th F S
Nonmember	\$570	\$630	\$790	\$360 Th F S
Corporate*	\$380	\$420	\$530	\$240 Th F S
Other Healthcare Professional**	\$400	\$440	\$550	\$250 Th F S
Guest ***	\$80	\$90	\$110	\$ 50 Th F S
Exhibit Hall Only	N/A	N/A	\$75	\$ 75 Th F S

Method of Payment

Mail this form OR register online at 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 2017. 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: _____

II. Preconference Courses Wednesday, June 21, 2017

PTA Faculty Boot Camp: Strategies for Success [2555172]

8:00am—5:00pm (0.9 CEU)
\$400 Member/\$650 Nonmember

An Introduction to Therapeutic Yoga in the Health Care Setting [2573481]

8:00am—5:00pm (0.9 CEU)
\$400 Member/\$650 Nonmember

Integrating Cognitive-Behavioral Skills into Clinical Practice [2575036]

8:00am—5:00pm (0.9 CEU)
\$400 Member/\$650 Nonmember

Let's Collaborate! Optimize Health Outcomes in an Emerging Healthcare Market [2681952]

8:00am—5:00pm (0.9 CEU)
\$400 Member/\$650 Nonmember

III. Ticketed Events

PT-PAC Event at The Barking Crab | June 21, 2017 | 9:30pm – 10:30pm | Tickets: \$40. Fee is nonrefundable. | Circle Payment Method Option - **Corporate/Personal**

Foundation for Physical Therapy: Boston PT Party | June 22, 2017 | 7:00pm - 12 Midnight | Tickets: \$100 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. Must register with conference attendee. Please note that children under 16 are not permitted in 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 May 26, 2017. A \$20 processing fee will apply when switching or substituting one attendee for another. **After May 26, 2017 no refunds will be granted.**

Consent to Use Photographic Images

I understand that I may be photographed and/or audio/video recorded during this event. By registering for this 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 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.