

**REGISTRATION FORM**

**Registration Online:**  
[www.apta.org/NSC/Registration](http://www.apta.org/NSC/Registration)

**Registration by Mail:**  
Complete this form and mail it with your payment to:  
APTA NSC Registration Center  
11208 Waples Mill Road, Ste. 112  
Fairfax, VA 22030

**By Fax or Email:**  
Questions: 877-585-6003  
[aptansc@spargoinc.com](mailto:aptansc@spargoinc.com)  
FAX: 703-818-6425

**Not a member of APTA? Join Today!**  
Call 800-999-2782  
To become a member and take advantage of the reduced rates!

NAME \_\_\_\_\_ NICKNAME FOR BADGE \_\_\_\_\_ APTA MEMBER # \_\_\_\_\_

ORGANIZATION/SCHOOL \_\_\_\_\_ DESIGNATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

\*EMAIL \_\_\_\_\_

\*Be sure to include your email address to participate in the NSC 2017 Badge Game on the Mobile App.

EMERGENCY CONTACT NAME \_\_\_\_\_ EMERGENCY CONTACT PHONE \_\_\_\_\_

Special accommodations required (ADA or Dietary restrictions) \_\_\_\_\_

I DO NOT give my permission for APTA NSC to share my address and email address with conference sponsors and exhibitors via a mailing list provided to exhibitors prior to, and following, the conference.

**REGISTRATION OPTIONS:**

Registration	9/28/17	9/29 – 10/21/2017	
APTA Student Member	<input type="checkbox"/> \$155	<input type="checkbox"/> \$195	
Student Nonmember	<input type="checkbox"/> \$255	<input type="checkbox"/> \$320	
Faculty/Other	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80	
<b>ALL TICKETS ARE OPTIONAL, AND NO REFUNDS WILL BE GIVEN</b>			
<b>ADDITIONAL CONFERENCE EVENTS</b>	<b>FEE</b>	<b>QUANTITY</b>	<b>TOTAL</b>
Thursday Community Service Project	<input type="checkbox"/>	_____	N/C
PT Pub	<input type="checkbox"/>	_____	N/C
Friday PT-PAC Party at Holocene	\$20	_____	\$_____
Saturday The Academy of Neurologic Physical Therapy Mentor-Mixer	_____	_____	Optional N/C
Saturday Resume Reviews (select one)	** spaces limited **		
<input type="checkbox"/> 11:00-11:15	<input type="checkbox"/> 11:15-11:30	<input type="checkbox"/> 11:30-11:45	Optional
<input type="checkbox"/> 11:45-12:00	<input type="checkbox"/> 12:00-12:15	<input type="checkbox"/> 12:15-12:30	N/C
<b>NSC 2017 T-Shirts</b>	<b>\$20</b>		
<input type="checkbox"/> TSHIRTS	<input type="checkbox"/> TSHIRTM	<input type="checkbox"/> TSHIRTL	<input type="checkbox"/> TSHIRTXL
			\$_____ Total

Your registration fee includes access to all educational programming and the Exhibit Hall.

**PAYMENT (Required to process registration)**

PAYMENT OPTIONS	
Registration Fee	\$ _____
Additional Events Total	\$ _____
<b>Total Payment:</b>	\$ _____
<input type="checkbox"/> 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 NSC 2017. APTA reserves the right to charge the correct amount if different from the total listed above.	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER	
CARD NUMBER:	_____
NAME OF CARD HOLDER:	_____
EXP DATE: ____/____	SIGNATURE _____
BILLING ADDRESS:	_____
_____	_____
_____ Personal Card?	_____ Corporate Card?
<input type="checkbox"/> PURCHASE ORDER #	_____

**EXHIBIT HALL POLICY**-Please be advised that for safety reasons, children under 18 are not permitted in the exhibit hall

**Substitution/Name Change Policy**-All substitutions and name changes must be received in writing and are subject to a \$20 substitution fee. A letter from the original registrant must accompany the substitution request. Requests can be emailed to [aptansc@spargoinc.com](mailto:aptansc@spargoinc.com)

**Cancellation Policy**-A \$60 cancellation fee will apply for all cancellation requests for full conference registrations received on or before **September 22, 2017**. A \$20 processing fee will apply when switching or substituting one attendee for another. **After September 22, 2017 no refunds will be granted.** Cancellation requests must be submitted in writing to the APTA Registration Center, [aptansc@spargoinc.com](mailto:aptansc@spargoinc.com).

**Consent To Use Photographic Images**-I understand that I may be the subject of photographs or videos that will be taken during the meeting, and that they will be included into APTA's stock files. I agree that the photographs or videos shall be sole property of APTA, with full right of lawful disposition in any manner. By registering for this meeting, I hereby grant APTA permission to photograph