REGISTRATION FORM

Registration Online:
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@jspargo.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 2015 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:

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

Registration	After 9/30/15	Friday Only	Saturday Only
APTA Student Member	☐ $180	☐ $100	☐ $100
Student Nonmember	☐ $280	☐ $150	☐ $150
Faculty/Other	☐ $60	☐ $30	☐ $30

ALL TICKETS ARE OPTIONAL, AND NO REFUNDS WILL BE GIVEN

ADDITIONAL CONFERENCE EVENTS	FEE	QUANTITY	TOTAL
Thursday Community Service Project	N/C	***SOLD OUT***	N/C
Foundation for PT Student Social Event	N/C	***SOLD OUT***	N/C
Friday PT-PAC Party at Slowdown	$20	_____	$_____

Saturday Resume Reviews *(select one)* *** spaces limited *** *Optional* N/C

SOLD OUT 11:00-11:15 ***SOLD OUT*** 11:15-11:30 ***SOLD OUT*** 11:30-11:45
SOLD OUT 11:45-12:00 _____ 12:00-12:15 _____ 12:15-12:30

Saturday Murder Mystery Dinner Party
Sponsored by the Neurology Section, APTA, limited seating

Neurology Section Student Members	$10	***SOLD OUT***
All other members or nonmembers	$15	

PAYMENT (Required to process registration)

PAYMENT OPTIONS

Registration Fee $_____
Additional Events Total $_____
Total Payment: $_____

☐ **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 2015. 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 #** _____

Additional Questions:

1. How did you hear about NSC? __Classmate __Faculty Member __Social Media __APTA Chapter or Section __APTA Website __Direct Mail __ Email __ Other
   If other, please describe: _____
2. Have you attended other APTA national conferences in the past? If yes, which one(s) (CSM, NEXT, NSC)? _____
3. Are you required to attend any national APTA or state meetings? Yes / No If yes, does your program offer funding for registration fees? Yes / No
4. What year of schooling will you be in when you attend NSC in October? ___ 1st Year ___ 2nd Year ___ 3rd Year ___ Not Applicable

CANCELLATION POLICY

A $60 cancellation fee will apply for all cancellation requests for full conference registrations received on or before **September 15, 2015**. A $20 processing fee will apply when switching or substituting one attendee for another. **After September 15, 2015 no refunds will be granted.** Cancellation requests must be submitted in writing to the APTA Registration Center, aptansc@jspargo.com.

PHOTO AND AUDIO/VIDEO RELEASE

I understand 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 permission, and license to take photographs of me and/or audio/video record me at this event and to publish, reproduce, distribute, and otherwise use the photo(s) and/or audio/video recording(s) in all forms and media for education, trade, web, advertising, and all other lawful purposes without compensation to me. I release and discharge APTA from all forms of claims and liability related to my photo(s) and/or audio/video recording(s). I agree that the photo(s) and audio/video recording(s) shall be the sole property of APTA, and I grant and assign to APTA all necessary rights to that effect.