

# Registration Form — 37th Annual CME Conference

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  Home  Work  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home ph. (\_\_\_\_) \_\_\_\_\_ Work ph. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Profession:  PA-C  PA-S  NP  Physician  Other \_\_\_\_\_

## REGISTRATION FEES (circle appropriate amount)

	On or before Feb 1		After Feb 1 /On-Site	
	Members	Non-members	Members	Non-members
Entire Conference	\$225	\$400	\$250	\$425
Friday Only	\$100	\$175	\$125	\$200
Sat/Sun	\$130	\$225	\$155	\$250
Entire Conference + 2012 Dues	\$390	n/a	\$415	n/a
UTSW Alumni	\$225	n/a	\$250	n/a
<b>Students</b>				
Entire Conference	\$50	\$65	\$75	\$90
Friday Only	\$30	\$40	\$55	\$65
Sat/Sun	\$35	\$45	\$60	\$70



**Please mail or fax registration to:**  
 TAPA, 401 W. 15th St.  
 Austin, TX 78701  
 Phone: (800) 280-7655  
 Fax: (512) 370-1626

**Special offer for non-members!** If you apply for TAPA membership now, you may attend the meeting at the member rates of \$225. To take advantage of this offer, check the box to the left and include \$390 as your registration fee. An application will be sent to you with your meeting confirmation letter. **Reduced rate is contingent upon the return of a completed membership application.**

**Workshops:** Please check desired workshops; limit three per attendee. All workshop fees are non-refundable. Workshops are \$25 each unless otherwise indicated.

**Registration Total:** \$ \_\_\_\_\_

### Friday:

- Advanced ECG
- Name That Lesion
- Intensive Insulin Management
- Incorporating Your iOS Device (free)
- Diversity Reality Check (free)
- Basic/Advanced Suture

### Saturday:

- Basic EKG
- Shared Medical Appointments
- Complete Neuro Exam

**Workshop Total:** \$ \_\_\_\_\_

**TOTAL PAYMENT:** \$ \_\_\_\_\_

## PRECEPTOR INFORMATION:

Are you currently a Preceptor to PA Students  Yes  No What is your specialty? \_\_\_\_\_  
 Are you interested in being a Preceptor to PA Students?  Yes  No

## PAYMENT INFORMATION

Enclosed is a check for \$ \_\_\_\_\_ Please make checks payable to TAPA  
 Please charge my credit card: (check one)  Visa  MasterCard  American Express  
 Account # \_\_\_\_\_ Security Code\* \_\_\_\_\_ Exp. Date \_\_\_\_\_  
\*3 digits on back of MC/Visa, 4 digits on front of AMEX  
 Cardholder name: \_\_\_\_\_ Signature: \_\_\_\_\_

**REFUNDS: Deadline for refunds is February 11, 2012. Refunds requested prior to February 11th must be submitted in writing to the TAPA office.** Requests can be submitted via email, fax or mail, but must be received before or on February 11th. All refunds are subject to a \$25 processing fee. **No-shows and registrations cancelled during or after the meeting will not be refunded. Special circumstances will be taken into consideration.**

In accordance with the American with Disabilities Act, please check here  if you have any special needs.