

GAPA SUMMER CME CONFERENCE

July 13-17, 2020 | Sandestin, FL

REGISTRATION FORM

NAME: _____ NICKNAME: _____
 PLEASE CHECK: PA-C ARNP PA STUDENT FNP OTHER (PLEASE SPECIFY): _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PRIMARY PHONE: _____ SECONDARY PHONE: _____
 EMAIL: _____ SPECIALTY: _____ NPI NUMBER: _____
 GAPA MEMBERSHIP #(IF KNOWN): _____

REGISTRATION CATEGORY INFORMATION

REGISTRATION	On/Before Jan 15	On/Before March 1	On/Before May 1	After May 1	TOTAL
GAPA PA Fellow Member	\$ 695.00	\$ 795.00	\$ 845.00	\$ 895.00	_____
Retiree/Military (10% discount!)	\$ 625.00	\$ 715.50	\$ 760.50	\$ 805.50	_____
Non-Members/Other Professional	\$ 870.00	\$ 970.00	\$ 1,020.00	\$ 1,070.00	_____
Spouse/Guest (no CME credits)	\$ 220.00	\$ 235.00	\$ 250.00	\$ 265.00	_____

** Spouse/Guest Name: _____
 **Full guest registrations include the same items as a full conference registration except a CME certificate and select product theater meals. Product theater meals are healthcare provider attendance specific only.

ONE DAY REGISTRATION \$ 290.00 \$ 330.00 \$ 350.00 \$ 370.00 _____
 Select Day: Tuesday Wednesday Thursday Friday

STUDENT TRACK ONLY Monday
 Student Track Registration \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 _____
 If student, please list program and graduation date: _____

MEMBERSHIP DUES

CURRENT GAPA MEMBERS: Check this box to add additional \$175 for your membership renewal dues _____
 GA PA NON-MEMBERS: Check this box to join GAPA. \$175 will be deducted from your fee registration (giving you the GAPA Member rate) and \$175 will be added for your Membership Dues. You will be granted fellow member status for the balance of the current membership period (January 1, 2020-December 31, 2020). _____

WORKSHOPS — Monday

Board Review (Gilboy) (8 AM – 12 PM, 1:30 PM – 5:30 PM) FREE _____
 Basic Suturing (Gordon) (7 AM – 9 AM) \$ 95 _____
 Abdominal Ultrasound (Treworgy) (8 AM – 12 PM) \$ 95 _____
 Advanced Suturing (Gordon) (9:30 AM – 11:30 AM) \$ 95 _____
 ACLS/BLS (Fullard) (12 PM – 5 PM) \$175 _____
 Clinical Skills In the Acute Care Setting: Includes HEENT, Dental (Gordon) (12:30 PM – 3 PM) \$ 95 _____
 Ortho Exams: Knee, Ankle & Upper Extremities (Vacala) (3:15 PM – 5:45 PM) \$ 95 _____

WORKSHOPS — Tuesday

Learning EKGs, Ultrasound & the Unstable Patient (Greene/Lefebber/Musille) (2:15 PM – 5:15 PM) \$ 95 _____
 Joint Injections (Vacala) (2:15 PM – 5:15 PM) \$ 95 _____

WORKSHOPS — Wednesday

Basic Fractures & Splinting in the Acute Care Setting (Vacala) (2 PM – 4 PM) \$ 95 _____

WORKSHOPS — Thursday

MSK Ultrasound (Treworgy) (2 PM – 5 PM) \$ 95 _____
 PALS/BCLS (Fullard) (2 PM – 5 PM) \$175 _____
 Night Shift In The ED: Case Based Radiology (Gordon) (2 PM – 5 PM) \$ 95 _____

ADDITIONAL EVENTS AND ADD ONS

I will attend the Welcome Reception (Exhibit Hall), Tuesday 4:30 - 6:30 pm _____
 Golf Tournament \$100 _____
 5K Fun Run/Walk (T-Shirt size: S M L XL) \$ 25 _____
 PAC Donation A Chance To Protect And Promote Our Profession. (Suggested minimum \$25-\$50)

REFERRAL INFORMATION

Referrer's Name: _____ Referrer's GAPA ID: _____

Please select the day(s) you will attend & one track choice per day:

- Tuesday Wednesday
 Cardiology Orthopedic
 None Women's Health
 None None
 Thursday Friday
 Dermatology Urgent Care/
 Pediatrics Emergency Medicine
 Diabetes None
 None None

Registration includes breakfasts & refreshments, commemorative attendee tote bag, and access to sessions and exhibits. Registration badges will be required for admission to all events. Payment is due with registration form and must be submitted by the dates above to qualify for corresponding rate. Materials can only be guaranteed to pre-registered attendees - be sure to register early.

PAYMENT METHOD

Enclosed is a check made payable to GAPA for:

\$ _____

Please charge my:

- MasterCard Visa
 American Express Discover

Account No: _____

Expiration Date: _____

Cardholder Name: _____

Signature: _____

Billing ZIP: _____

PAYMENT INFORMATION

Refunds: Written notice of cancellation must be received by June 15, 2020. A \$75 administrative fee will be retained.

In accordance with the Americans with Disabilities Act, please notify the GAPA office if you have any special needs.

Complete and return this form with payment to:

Georgia Association of Physician Assistants
 1905 Woodstock Rd. Suite 2150
 Roswell, GA 30075
 770.640.1920, Fax: 770.640.1095
 GAPA's Federal Tax ID # 58-1296375

To avoid duplicate charges, do not mail original registration form if you have already faxed it.

GRAND TOTAL:

\$ _____