

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 July 1	After July 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: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday					

STUDENT TRACK ONLY <input type="checkbox"/> Saturday					
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 – Saturday

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

WORKSHOPS – Sunday

<input type="checkbox"/> Joint Injections (Vacala) (2:15 PM – 5:15 PM)	\$ 95	_____
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WORKSHOPS – Monday

<input type="checkbox"/> Basic Fractures & Splinting in the Acute Care Setting (Vacala) (2 PM – 4 PM)	\$ 95	_____
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WORKSHOPS – Tuesday

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

ADDITIONAL EVENTS AND ADD ONS

Golf Tournament (Tuesday, 1:00 PM)	\$100	_____
5K Fun Run/Walk (Wednesday, 6:30 AM) (T-Shirt size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> 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:

Sunday
 Cardiology
 None

Monday
 Orthopedic
 Women's Health
 None

Tuesday
 Dermatology
 Pediatrics
 Diabetes
 None

Wednesday
 Urgent Care/
 Emergency Medicine
 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: Register now for our 2020 event, and should you need to change your plans for any reason, you'll be offered a full refund for notice provided up to 7 days before the event starts. After that, you're welcome to transfer your registration to our 2021 conference, or we'll provide a refund less a \$75 administrative fee.

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:

\$ _____