



ATTENDEE REGISTRATION

Registration is also available online at ncapa.org

2017 Summer Conference
 August 20-25 • Kingston Plantation • Myrtle Beach, SC

Name _____ Company _____

Full Address _____

Phone _____ Fax _____

Email _____

Specialty _____ Designation(s) _____

NCCPA # _____ (to ensure CME logging with NCCPA)

Guest Names _____

Guest registration includes the Sunday evening reception, breakfasts and breaks (Monday through Friday), lunches (Monday through Thursday), and the Thursday evening reception.

CLASSIFICATION

Payment must be postmarked and received

REGULAR

June 1 - July 31

ON-SITE

After Aug. 1

| | | |
|---------------------------|--------------------------------|--------------------------------|
| NCAPA MEMBER | \$500 <input type="checkbox"/> | \$550 <input type="checkbox"/> |
| NON-MEMBER | \$675 <input type="checkbox"/> | \$725 <input type="checkbox"/> |
| NCAPA STUDENT MEMBER | \$250 <input type="checkbox"/> | \$300 <input type="checkbox"/> |
| STUDENT NON-MEMBER | \$310 <input type="checkbox"/> | \$340 <input type="checkbox"/> |
| GUEST, per adult: # _____ | \$110 <input type="checkbox"/> | \$125 <input type="checkbox"/> |
| GUEST, per child: # _____ | \$40 <input type="checkbox"/> | \$50 <input type="checkbox"/> |

DAILY RATE:

| | |
|------------------------------------|-------|
| <input type="checkbox"/> MONDAY | \$160 |
| <input type="checkbox"/> TUESDAY | \$160 |
| <input type="checkbox"/> WEDNESDAY | \$160 |
| <input type="checkbox"/> THURSDAY | \$160 |
| <input type="checkbox"/> FRIDAY | \$110 |

WORKSHOPS & EVENTS

| | | | | |
|-------------------------------------|--|------------------------------------|-------------|----|
| <input checked="" type="checkbox"/> | REGISTRATION | | (See above) | \$ |
| <input type="checkbox"/> | EKG Boot Camp | Monday, Aug. 21 | \$125 | \$ |
| <input type="checkbox"/> | Orthopedic Exam Workshop | Tuesday, Aug. 22 | \$125 | \$ |
| <input type="checkbox"/> | Suturing Workshop | Tuesday, Aug. 22 | \$125 | \$ |
| <input type="checkbox"/> | Pharmacology Workshop | Wednesday & Thursday, August 23-24 | \$150 | \$ |
| <input type="checkbox"/> | Joint Injection Workshop | Wednesday, Aug. 23 | \$150 | \$ |
| <input type="checkbox"/> | Pediatric Advanced Lifesupport | Wednesday, Aug. 23 | \$225 | \$ |
| <input type="checkbox"/> | Basic Cardiac Life Support Workshop | Thursday, Aug. 24 | \$100 | \$ |
| <input type="checkbox"/> | Dermatology Workshop | Thursday, Aug. 24 | \$125 | \$ |
| <input type="checkbox"/> | Advanced Cardiac Life Support | Thursday & Friday, Aug. 24-25 | \$225 | \$ |
| <input type="checkbox"/> | ADD-ON: Exam Master Online | online anytime - 3 month access | \$95 | \$ |
| <input type="checkbox"/> | ADD-ON: Study Manual (printed copy of all presentations) | available on site | \$35 | \$ |
| TOTAL | | | | \$ |

Name on Card (please print) _____

Card Holder's Billing Address _____

Credit Card# _____ Visa MC Amex Discover Exp. Date _____

Cardholder Signature _____ Verification Code (3-digit # on back) _____

There is a \$25 fee for all returned checks and a \$25 fee for changing the payment type on a registration that has already been processed.

Our vendors have made a significant contribution to this conference by providing grants, sponsoring speakers, and exhibiting. This high-quality CME program would not be possible without their generous support. For follow-up purposes concerning products and services, we routinely provide vendors with mailing addresses of conference participants. If you do not want your address given to our vendors, please check this box.

Please make checks payable and mail to:

NCAPA Conference | 1121 Slater Road | Durham, NC 27703 | 919.479.1995 | 919.479.9726 (fax) | conference@ncapa.org