



ATTENDEE REGISTRATION

Registration is also available online at ncapa.org

2018 Summer Conference
 August 19-24, 2018 • Kingston Plantation • Myrtle Beach, SC

Name _____ Company _____
 Full Address _____
 Phone _____ Fax _____
 Email _____
 Specialty _____ Designation(s) _____
 Guest Names _____

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

CLASSIFICATION <i>Payment must be postmarked and received</i>	EARLY BIRD <i>Before June 1</i>	REGULAR <i>June 1 - July 31</i>	ON-SITE <i>After Aug. 1</i>	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
NCAPA MEMBER	\$450 <input type="checkbox"/>	\$500 <input type="checkbox"/>	\$550 <input type="checkbox"/>	
NON-MEMBER	\$625 <input type="checkbox"/>	\$675 <input type="checkbox"/>	\$725 <input type="checkbox"/>	
NCAPA STUDENT MEMBER	\$230 <input type="checkbox"/>	\$250 <input type="checkbox"/>	\$300 <input type="checkbox"/>	
STUDENT NON-MEMBER	\$290 <input type="checkbox"/>	\$310 <input type="checkbox"/>	\$340 <input type="checkbox"/>	
GUEST, per adult: # _____	\$70 <input type="checkbox"/>	\$80 <input type="checkbox"/>	\$90 <input type="checkbox"/>	
GUEST, per child: # _____	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>	\$50 <input type="checkbox"/>	

WORKSHOPS & EVENTS

<input checked="" type="checkbox"/>	REGISTRATION		(See above)	\$
<input type="checkbox"/>	EKG Boot Camp	Monday, Aug. 20	\$125	\$
<input type="checkbox"/>	Orthopedic Exam Workshop	Tuesday, Aug. 21	\$125	\$
<input type="checkbox"/>	Suturing Workshop	Tuesday, Aug. 21	\$150	\$
<input type="checkbox"/>	Radiology Interpretation Workshop	Wednesday & Thursday, August 22-23	\$175	\$
<input type="checkbox"/>	Joint Injection Workshop	Wednesday, Aug. 22	\$150	\$
<input type="checkbox"/>	Pediatric Advanced Lifesupport	Wednesday, Aug. 22	\$225	\$
<input type="checkbox"/>	Basic Cardiac Life Support Workshop	Thursday, Aug. 23	\$100	\$
<input type="checkbox"/>	Dermatology Workshop	Thursday, Aug. 23	\$125	\$
<input type="checkbox"/>	Advanced Cardiac Life Support	Thursday & Friday, Aug. 23-24	\$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