



# ATTENDEE REGISTRATION

Registration is also available online at [ncapa.org](http://ncapa.org)

**2019 Summer Conference**  
 August 18-23, 2019 • Kingston Plantation • Myrtle Beach, SC

Name \_\_\_\_\_ Company \_\_\_\_\_  
 Full Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Specialty \_\_\_\_\_ Designation(s) \_\_\_\_\_

### ATTENDEE CLASSIFICATION

*Payment must be postmarked and received*

NCAPA MEMBER

NON-MEMBER

NCAPA STUDENT MEMBER

STUDENT NON-MEMBER

### EARLY BIRD

*Before June 1*

\$475

\$650

\$230

\$290

### REGULAR

*June 1 - July 31*

\$525

\$700

\$250

\$310

### ON-SITE

*After Aug. 1*

\$575

\$750

\$300

\$340

### DAILY RATE:

- MONDAY \$195
- TUESDAY \$195
- WEDNESDAY \$195
- THURSDAY \$195
- FRIDAY \$130

### GUEST REGISTRATION

*Includes the Sunday evening reception, breakfasts and breaks (Mon.-Fri.), and lunches (Mon.-Thur.).*

GUEST, per adult: # \_\_\_\_\_ \$80

Guest Names: \_\_\_\_\_

GUEST, per child (3-11): # \_\_\_\_\_ \$40

Guest Names: \_\_\_\_\_

### WORKSHOPS & EVENTS

<input checked="" type="checkbox"/>	REGISTRATION		(See above)	\$
<input type="checkbox"/>	EKG Boot Camp	Monday, Aug. 19	\$125	\$
<input type="checkbox"/>	Orthopedic Exam Workshop	Tuesday, Aug. 20	\$125	\$
<input type="checkbox"/>	Suturing Workshop	Tuesday, Aug. 20	\$150	\$
<input type="checkbox"/>	Joint Injection Workshop	Wednesday, Aug. 21	\$150	\$
<input type="checkbox"/>	Pediatric Advanced Life Support	Wednesday, Aug. 21	\$225	\$
<input type="checkbox"/>	Basic Cardiac Life Support Workshop	Thursday, Aug. 22	\$100	\$
<input type="checkbox"/>	Dermatology Workshop	Thursday, Aug. 22	\$125	\$
<input type="checkbox"/>	Advanced Cardiac Life Support	Thursday & Friday, Aug. 22-23	\$225	\$
<input type="checkbox"/>	ADD-ON: Exam Master Online	online anytime - 3 month access	\$95	\$
<input type="checkbox"/>	ADD-ON: Study Manual <i>(printed copy of all presentations)</i>	available on site	\$35	\$
<b>TOTAL</b>			<b>\$</b>	<b>\$</b>

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](mailto:conference@ncapa.org)