



# 2020 ATTENDEE REGISTRATION

Conference Dates: February 29 - March 3, 2020

Hilton Raleigh North Hills, Raleigh NC  
 (Registration is also available online at [ncapa.org](http://ncapa.org))

Name \_\_\_\_\_ Specialty \_\_\_\_\_ Designation \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

I wish to receive the speaker presentations:  Printed in a binder  Electronic format

## REGISTRATION CLASSIFICATION

Payment must be postmarked & received

### REGULAR

Jan. 1 - Jan. 31

### ON-SITE

After Feb. 1

NCAPA MEMBER

\$450

\$500

NON-MEMBER

\$625

\$675

NCAPA STUDENT MEMBER

\$230

\$255

STUDENT NON-MEMBER

\$285

\$310

DAILY RATE:

SAT. \$175

SUN. \$175

MON. \$175

TUE. \$175

## GUEST REGISTRATION

Includes continental breakfast, coffee breaks, and buffet lunch Saturday-Tuesday.

GUEST, each \$100  # \_\_\_\_\_ Guest Names: \_\_\_\_\_

## WORKSHOPS & OPTIONAL ITEMS

Radiology Interpretation Workshop	Saturday, Feb. 29	\$100	\$ _____
EKG Boot Camp	Sunday, March 1	\$100	\$ _____
Winter Conference On-Demand	Online recorded sessions	\$95/\$55 if registered for Full Conference	\$ _____

## TOTAL COSTS

Registration \$ \_\_\_\_\_

Workshops & Optional Items \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## PAYMENT

Credit Card  Check (There is a \$25 fee for all returned checks.)

Name on Card (please print) \_\_\_\_\_

Card Holder's Billing Address \_\_\_\_\_  
Street City State Zip

Credit Card  Visa  MC  Disc  AmEx \_\_\_\_\_  
16-digit number Exp. Date Verification Code

Cardholder Signature \_\_\_\_\_

**Please make checks payable and mail to: NCAPA Conference, 1121 Slater Road, Durham, NC 27703**

To request a refund, please submit the details in writing by fax, email or mail.

- Requests received before January 1, 2020 will receive a full refund less a \$25 administrative fee.
- Requests received before February 1, 2020 will receive a full refund less a \$100 administrative fee.
- Refund requests received after February 1, 2020 are subject to full forfeiture.