



ATTENDEE REGISTRATION (*required fields)

*Name: _____

*Designation (for general tracking purposes): PA NP MD DO OTHER

Title (if different than designation): _____

*Specialty (if none, enter N/A): _____

*Company: _____

*Home Address: _____

*City: _____ *State: _____ *Zip: _____

*Email: _____

*Phone: _____

ATTENDEE CLASSIFICATION	EARLY BIRD Must be postmarked by Dec 31, 2023	REGULAR
NCAPA MEMBER	\$325 + \$24.38 = \$349.38 <input type="checkbox"/>	\$375 + \$28.13 = \$403.13 <input type="checkbox"/>
NON-MEMBER	\$500 + \$37.50 = \$537.50 <input type="checkbox"/>	\$550 + \$41.25 = \$591.25 <input type="checkbox"/>
NCAPA STUDENT MEMBER	\$160 + \$12.00 = \$172.00 <input type="checkbox"/>	\$160 + \$12.00 = \$172.00 <input type="checkbox"/>
OPTIONAL: 1-Year NCAPA Membership All EXPIRE: 12/31/2024 <input type="checkbox"/> Affiliate 1-Year <input type="checkbox"/> Associate 1-Year <input type="checkbox"/> Fellow 1-Year (insert AAPA #: _____)	= \$175 <input type="checkbox"/>	= \$175 <input type="checkbox"/>
OPTIONAL: 1-Year Extended Access	\$95 + \$7.13 = \$102.13 <input type="checkbox"/>	\$95 + \$7.13 = \$102.13 <input type="checkbox"/>
	TOTAL AMOUNT DUE: Total prices include 7.5% tax	\$

*Name on Card (please print): _____

*Billing Address: _____

*Credit Card #: _____ Visa MC Amex Discover

*Exp. Date: _____ *Verification Code (3-digit # on back): _____

*Cardholder Signature: _____

Make checks payable and mail to: NCAPA, 1121 Slater Road, Durham, NC 27703

CANCELLATIONS/REFUNDS: submit request conference@ncapa.org

- Requests received by February 1, 2024, will receive a full refund minus a \$100 administrative fee.
- Requests received after February 1, 2024, are subject to full forfeiture.
- A \$25 administrative fee will be applied for any changes made to a registration that has already been processed.
- A \$25 fee will be charged for all returned checks.
- Membership dues are non-refundable.