



AAPA's 32nd Annual Physician Assistant Conference

Las Vegas – June 1-6, 2004

Return registrations to: AAPA's 32nd Annual PA Conference Registration, c/o Laser Registration, 1200 G Street NW, Suite 800, Washington, DC 20005-3967

1. Personal Information

AAPA #: _____ NCCPA #: _____

Social Security #: _____

Last Name: _____

First Name: _____

PA PA-C Non-PA PA Student One Add'l Credential _____

Organization/PA Program/Military Base: _____

Home Office

Mailing Address: _____

City/State/Zip: _____

E-mail: _____

Telephone: _____ Fax: _____

Specialty Code (from page 23): _____

2. Registration Fees (Please circle)

| | Early On or before Feb. 6, 2004 | Regular Feb. 7- April 23, 2004 | On-site April 24- June 6, 2004 |
|--|---------------------------------------|--------------------------------------|--------------------------------------|
| Full Conference | | | |
| 1. AAPA Fellow/Associate Member | \$415 | \$445 | \$475 |
| 2. AAPA Sustaining, Affiliate, or Physician Member | \$565 | \$595 | \$630 |
| 3. AAPA Student Member (not eligible to earn CME) | \$110 | \$120 | \$130 |
| 4. Military PA | \$630 | \$660 | \$690 |
| 5. Nonmember | \$670 | \$700 | \$730 |
| 6. Student Nonmember (not eligible to earn CME) | \$165 | \$175 | \$185 |
| <input type="checkbox"/> I will attend APAP functions. | | | |
| Daily Rate | | | |
| 7. Non-student | \$205 | \$220 | \$235 |
| 8. Student (not eligible to earn CME) | \$55 | \$60 | \$65 |
| (circle only ONE day) | Tues | Wed | Thur |
| | Fri | Sat | Sun |
| Other | | | |
| 9. HOD Only* | \$185 | \$205 | \$225 |
| 10. APAP Only** | \$185 | \$205 | \$225 |
| 11. Spouse/Guest (not eligible to earn CME) | \$150 | \$155 | \$160 |
| 22. Canadian PA (not eligible to earn CME) | \$150 | \$155 | \$160 |
| 23. Non United States PA (not eligible to earn CME) | \$150 | \$155 | \$160 |

Name _____

(Guest registration includes entrance to the Exhibit Hall and social events. Guests are not eligible to earn continuing medical education credits and can only register on the same form as the primary registrant.)

*HOD Functions ONLY **APAP Functions Only

Special Needs

Please indicate special needs below or attach a separate sheet.

3. Physician Assistant Foundation Las Vegas Pin

_____ Number of pins @ \$5 each = \$_____ (Pin purchases are nonrefundable)

4. Reimbursement, Billing, and Coding Seminar

Sunday, June 6, 2004, 9:00 a.m.-5:00 p.m.

Preregistration rate for those attending conference \$200

Preregistration rate for those not attending conference..... \$325

Student Rate..... \$200

5. AAPA PDA Center

_____ Number of Palm Tungsten T3 Package@\$399 per package = _____

(The Palm Tungsten T3 will be shipped to you within 3-4 weeks upon receipt of your registration and payment.)

6. Payment of Fees

All payments made by check or money order must be made payable to the American Academy of Physician Assistants in U.S. dollars drawn on a U.S. bank. FED ID# 23-7067770

7. Total Payment. (Sections 2 - 5) \$_____

Mail your completed registration form with check/money order payment to AAPA's 32nd Annual PA Conference Registration, c/o Laser Registration, 1200 G Street NW, Suite 800, Washington, DC 20005-3967.

VISA MasterCard American Express Check/Money Order

Card #: _____ Exp. Date (mm/yy): _____

Print Card Holder's Name _____

Signature _____ Date _____

Your signature authorizes your credit card to be charged for the total payment above. AAPA reserves the right to charge the correct amount if different from the total payment listed above.

- Fax your completed registration form with credit card payment to 866/357-4498 (toll-free) or 514/228-3152.

- Register on-line with credit card payments only. Follow instructions on the AAPA Web site, www.aapa.org.

- Questions? Contact Laser Registration at 866/357-4496 or 514/228-3010.

8. Cancellation/Refund Policy

Cancellation/refund requests must be submitted in writing and postmarked by April 23, 2004. Cancellations/refund requests postmarked before February 6, 2004, will receive a full refund LESS a 25 percent processing fee. Cancellations/refund requests postmarked between February 7, 2004, and April 23, 2004, will receive a registration refund LESS 50 percent. Cancellations/refund requests postmarked after April 23, 2004, will not be honored. All refunds will be made via check and will take 3-4 weeks to process. Send cancellation letters to: AAPA Registrar, c/o Laser Registration, 1200 G Street NW, Suite 800, Washington, DC 20005-3967; aapa@laser-registration.com.

Register On-Line Early and Save!