



Tour Reservation Form

AAPA's 32nd Annual Physician Assistant Conference

Participant Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax: _____

Hotel: _____ E-mail: _____

Date	Tour	Time	Fee	How Many Tickets
1. Tuesday, June 1	Las Vegas City Tour	12:30-5:30 p.m.	\$35	_____
2. Wednesday, June 2	The Thrill Seeker's Paradise	1:00-5:00 p.m.	\$75	_____
3. Thursday, June 3	Hoover Dam Tour	8:00 a.m.-noon	\$50	_____
4. Friday, June 4	Jubilee Backstage Tour	1:00-5:00 p.m.	\$45	_____
5. Saturday, June 5	Legends of Las Vegas	9:00 a.m.-1:00 p.m.	\$40	_____
			Total Amount Due:	_____

Tours include round-trip transportation by executive motor coach, narration by professional tour guide, and all admissions, taxes, and gratuities.

Reservation and Cancellation Policy

Preregistration Deadline: To guarantee a space, reservations must be received by **May 3, 2004**. All registrations received after this date will be on a space-available basis.

Tour Cancellation: PGI reserves the right to cancel any tour if there is not a minimum of 40 participants preregistered.

Refunds: All requests for refunds/cancellations must be received prior to May 3, 2004, and addressed to PGI at the address listed. Refunds for any canceled tour will be mailed to registrants.

Forms of Payment Accepted: Payment may be made by personal

check drawn on a U.S. bank in U.S. funds, travelers check, VISA, or MasterCard.

On-Site Registration: If space is available, tickets may be purchased at the tour desk located in the conference Registration Area, Hall C3, Las Vegas Convention Center. All tours depart from the Las Vegas Convention Center.

Mail or fax registration form with payment by May 3, 2004, to: PGI

**2265-B Renaissance Drive
Las Vegas, NV 89119
Fax: 702/733-7960**

Questions: 702/733-6778

Pick up your pre-purchased tickets during registration hours in the Registration area, Hall C3, Las Vegas Convention Center.

Payment Information

For MasterCard or VISA, please complete the following section. Completed registration form may be faxed to 702/733-7960.

Please charge to my MasterCard or VISA

Credit Card Number: _____ Expiration Date: _____

Name (as written on card): _____ Signature (required): _____