




California Physical Therapy Association ANNUAL CONFERENCE REGISTRATION FORM

September 22-23, 2018 • Exhibits: September 22-23, 2018
Santa Clara Convention Center • Santa Clara, CA

REGISTRATION — Online registration available at www.ccapta.org

PRINT OR TYPE (One registrant per form) Mail or Fax completed registration form with payment to: CPTA, 1990 Del Paso Road, Sacramento CA 95834 • (916) 929-2782 • Fax (916) 646-5960

Full Name:	Designation(s):	APTA Member #:					
Preferred Name for Badge:	T-shirt Size (unisex):	S	M	L	XL	XXL	XXXL
Mailing Address:	How did you hear about Conference?						
City:	State:	Zip:					
Daytime phone: ()	E-mail:						
<input type="checkbox"/> Opt Out of Email Release to Exhibitors	Employer or Self-employed: (required)						
CHECK ALL THAT APPLY:							
<input type="checkbox"/> Physical Therapist (PT)	<input type="checkbox"/> Certified Clinical Specialist	Dietary Needs:			 <input type="checkbox"/> Check here if you require special assistance during the meeting. CPTA will contact you.		
<input type="checkbox"/> Physical Therapist Assistant (PTA)							
<input type="checkbox"/> Student: <input type="checkbox"/> PT or <input type="checkbox"/> PTA	School: _____						

CONFERENCE REGISTRATION

Full Conference Registration Includes...Conference Programming, Exhibits, Poster Presentations, Conference T-shirt and Lunch Saturday and Sunday.
Saturday Registration Includes..... Conference Programming, Exhibits, Poster Presentations, Conference T-shirt and Lunch on Saturday.
Sunday Registration Includes.....Conference Programming, Exhibits, Poster Presentations, Conference T-shirt and Lunch on Sunday.

CONFERENCE (SATURDAY & SUNDAY)	Early (by 7/15/18)	Advanced (by 9/4/18)			On-site (after 9/4/18)		
	Full Conference	Full Conference	Saturday Only	Sunday Only	Full Conference	Saturday Only	Sunday Only
APTA PT Member	<input type="checkbox"/> \$260	<input type="checkbox"/> \$360	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205	<input type="checkbox"/> \$460	<input type="checkbox"/> \$255	<input type="checkbox"/> \$255
APTA PTA Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$375	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210
Non-Member	<input type="checkbox"/> \$405	<input type="checkbox"/> \$505	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275	<input type="checkbox"/> \$605	<input type="checkbox"/> \$325	<input type="checkbox"/> \$325
PT/PTA Student Member	<input type="checkbox"/> \$149	<input type="checkbox"/> \$249	<input type="checkbox"/> \$145	<input type="checkbox"/> \$145	<input type="checkbox"/> \$349	<input type="checkbox"/> \$195	<input type="checkbox"/> \$195
PT/PTA Student Non-member	<input type="checkbox"/> \$205	<input type="checkbox"/> \$305	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	<input type="checkbox"/> \$405	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225
Exhibits Only	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50

I would like to R.S.V.P for the Awards Lunch OR I will have lunch in the Exhibit Hall

Joint FUND/PAC "End Zone" Event \$180 (includes both Barrels & Brews and the PAC Dinner)

CAL-PT-PAC Dinner Only

\$150

Check here if you are a PAC Grizzly

Dietary Needs:

CAL-PT-FUND Barrels & Brews Only

\$50

Check here if you are a Platinum or Gold Contributor

PRE-CONFERENCE INSTRUCTIONAL COURSES (Friday, Sept. 21, 8:00 a.m. - 5:30 p.m.) Advanced Registration by 9/4/18

On-site Registration after 9/4/18

New Directions in Neurorehab (Laurie King) \$250 APTA Member \$400 Non-member

\$350 APTA Member \$500 Non-member

Differential Diagnosis (Chad Cook) \$250 APTA Member \$400 Non-member

\$350 APTA Member \$500 Non-member

PROFESSIONAL CONTRIBUTIONS

CAL-PT-PAC Contribution

\$10

\$25

\$50

\$100

\$ _____

Employer (required): _____

CAL-PT-FUND Contribution

\$10

\$25

\$50

\$100

\$ _____

METHOD OF PAYMENT

Cancellation requests must be received in writing. Full refund less 20% administration fee if cancellation is received by September 4, 2018. 50% refund if received by September 14, 2018.

No refunds after September 14, 2018.

\$ _____ Total	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> Check made payable to CPTA
Card #:	Exp. Date:		CVV#:		
Cardholder's Billing Address:	City:	State:	Zip:		
Cardholder's Signature:	Print Cardholder's Name:				