


October 11-13, 2019 • Exhibits: October 11-13, 2019
South Point Hotel & Casino • Las Vegas, NV

REGISTRATION — Online registration available at 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 #:					
Nickname 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...Friday Tri-State PT Pub Night, 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 (Friday - Sunday)	Early (by 8/5/19)	Advanced (by 9/23/19)			On-site (after 9/23/19)		
	Full Conference	Full Conference	Saturday Only	Sunday Only	Full Conference	Saturday Only	Sunday Only
APTA PT Member	<input type="checkbox"/> \$285	<input type="checkbox"/> \$385	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$485	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280
APTA PTA Member	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185	<input type="checkbox"/> \$400	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235
Non-Member	<input type="checkbox"/> \$460	<input type="checkbox"/> \$560	<input type="checkbox"/> \$315	<input type="checkbox"/> \$315	<input type="checkbox"/> \$660	<input type="checkbox"/> \$365	<input type="checkbox"/> \$365
PT/PTA Student Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> \$170	<input type="checkbox"/> \$170	<input type="checkbox"/> \$375	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220
PT/PTA Student Non-member	<input type="checkbox"/> \$235	<input type="checkbox"/> \$335	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$435	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250
Exhibits Only	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$180	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95

R.S.V.P for the Awards Lunch **YES** **OR** I will have lunch in the Exhibit Hall

NETWORKING OPPORTUNITIES

Barrels & Brews	<input type="checkbox"/> \$50	<input type="checkbox"/> Check here if you are a Platinum or Gold Contributor
CAL-PT-PAC Dinner	<input type="checkbox"/> \$100	<input type="checkbox"/> Check here if you are a PAC Grizly <input type="checkbox"/> Dietary Needs:
Tri-State PT Pub Night	<input type="checkbox"/> Yes, I will attend	

PRE-CONFERENCE INSTRUCTIONAL COURSES (Friday, Oct 11, 8:00 a.m. - 5:30 p.m.)	Advanced Registration by 9/23/19		On-site Registration after 9/23/19	
Aquatics for Adults w/ Ortho or Neuro Disorder (Kathleen Dickinson)	<input type="checkbox"/> \$300 APTA Member	<input type="checkbox"/> \$480 Non-member	<input type="checkbox"/> \$400 APTA Member	<input type="checkbox"/> \$580 Non-member
Segmental Lumbar Stabilization Progression into Functional Mobility (Yousef Ghandour)	<input type="checkbox"/> \$300 APTA Member	<input type="checkbox"/> \$480 Non-member	<input type="checkbox"/> \$400 APTA Member	<input type="checkbox"/> \$580 Non-member
Advanced Manual and Movement Interventions in the Overhead Athlete (Marcos/Yung)	<input type="checkbox"/> \$300 APTA Member	<input type="checkbox"/> \$480 Non-member	<input type="checkbox"/> \$400 APTA Member	<input type="checkbox"/> \$580 Non-member

PROFESSIONAL CONTRIBUTIONS

CAL-PT-PAC Contribution	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$ _____	Employer (required): _____
CAL-PT-FUND Contribution	<input type="checkbox"/> \$10	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$ _____	

METHOD OF PAYMENT

Cancellation requests must be received in writing. Full refund less 20% administration fee if cancellation is received by September 23, 2019. 50% refund if received by October 4, 2019. No refunds after October 4, 2019.

Send all cancellations to awiesemann@ccapta.org

\$ _____ 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:				