

THE CALIFORNIA PHYSICAL THERAPY ASSOCIATION PRESENTS THE 7TH ANNUAL
CALIFORNIA STUDENT CONCLAVE

APRIL 13, 2019 • UNIVERSITY OF THE PACIFIC • STOCKTON, CA

Registration Form

Important Dates

- 1.2.19 Registration Opens
- 3.29.19 Early Bird Registration Deadline
- 4.11.19 Registration Closes
- 4.13.19 Student Conclave
- 4.13.19 Evening Reception

What are the benefits?

- **Learn**
Learn what they don't teach you in class to prepare yourself for your future
- **Interact**
Meet hundreds of active PT and PTA students from across California during networking sessions and maybe even meet your future employer
- **Get Involved**
Find out how you can impact our profession and get involved with CPTA and APTA

Scholarships

Many schools and CPTA districts have registration scholarships available. Check with your school or District before registering and see if one is available for you!

Location

University of the Pacific
 Chan Family Health Sciences Bldg
 3601 Pacific Ave
 Stockton, CA 95211
 United States



CPTA is investing in the future of physical therapy by investing in YOU! Join us for the 7th Annual Student Conclave April 13, 2019 at University of the Pacific, Stockton. Network with PT and PTA students, attend cutting-edge lectures, meet recruiters and see how you can get involved with CPTA and make a difference.

Career Fair

You will have the opportunity to meet companies who are actively seeking employees, as well as residency and fellowship programs. Bring copies of your resume. You may meet your future employer!

Student Conclave Registration Fees	Early Bird (Before March 29)	Regular (After March 29)
APTA Student Member	<input type="checkbox"/> \$60	<input type="checkbox"/> \$85
Student Non-member	<input type="checkbox"/> \$90	<input type="checkbox"/> \$115

Payment Information

First Name _____ Last Name _____
 Email _____ Student PT Student PTA
 School _____ APTA Number _____

I have a scholarship • Purchased by _____

Payment Type: Check Number _____ Credit Card Visa/Mastercard/Amex/
 Credit Card Number _____ Exp. _____ CVV _____

Cardholder's Name _____

Email Address _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____