

**2018 Annual PSPA Fall CME Conference Registration
Kalahari Resort and Convention Center
250 Kalahari Boulevard, Pocono Manor, PA 18349**

Please PRINT CLEARLY, information used for name badge and conference registration, ALL FIELDS REQUIRED.

Name: _____ Title: PA-C _____
 Address: _____ Phone: (____) ____ - ____
 City/State/Zip: _____ Work Phone: (____) ____ - ____ Ext: _____
 E-mail: _____ (required to receive registration confirmation)
 Specialty: _____ NCCPA#: _____ (required for logging)
 Diet Requests: No Restriction (default) Kosher Vegetarian Vegan Gluten-Free Food Allergy _____

Conference Tuition (includes meals)

	Postmarked by:	9/14/2018	10/5/2018	On-Site	
PSPA Member (#: _____)		\$445	\$495	\$545	\$ _____
Constituent Chapter Member (State: ____, # _____)		\$445	\$495	\$545	\$ _____
Conference & Membership (complete membership application)		\$595	\$645	\$695	\$ _____
Non-member of any constituent chapter		\$595	\$645	\$695	\$ _____

Daily Conference Rates

Member:	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	\$175/Day	\$205/Day	\$225/Day	\$ _____
	<input type="checkbox"/> Saturday	\$100	\$130	\$160	\$ _____
Non-member:	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	\$200/Day	\$225/Day	\$250/Day	\$ _____
	<input type="checkbox"/> Saturday	\$130	\$160	\$190	\$ _____

Workshops - \$40/Session (MUST choose 1st and 2nd choices)

Thursday 7:00 AM - 9:00 AM	<input type="checkbox"/> Wilderness Medicine	<input type="checkbox"/> Basic EKG Interpretation	\$ _____
Thursday 4:30 PM - 6:30 PM	<input type="checkbox"/> Common Radiologic Diagnoses	<input type="checkbox"/> Mastering Sports Med Exam	\$ _____
Friday 7:00 AM - 9:00 AM	<input type="checkbox"/> Art of Suturing	<input type="checkbox"/> Joint Injections	\$ _____
Friday 4:00 PM - 6:00 PM	<input type="checkbox"/> Child Abuse & Neglect Education	<input type="checkbox"/> Advanced EKG Interpretation	\$ _____

NO REFUNDS for workshops unless both choices are full when registering.

Guest Fees (guests of registered conference attendees only)

Guest Name: _____ ALL meals/events - \$100 \$ _____
 OR SEPARATELY Auction Reception - \$40 Student Challenge Bowl - \$15 \$ _____

Additional Items / Costs

PSPA 2018 Annual Charity - Domestic Violence Service Center of Wilkes Barre, PA \$ _____
 Fun Run / Walk / Bike Participate & T-Shirt - \$15 T-Shirt Only - \$10 Shirt Size: S M L XL XXL \$ _____
 Faculty Forum (Free) Leadership Forum (Free) \$ _____ -0-
 Radius Health Product Theater, Wednesday, October 17, 2018 from 6:15 pm - 7:30 pm (Free)
Considerations in the Treatment of Postmenopausal Osteoporosis in Women at High Risk for Fracture \$ _____ -0-

TOTAL ENCLOSED

\$ _____

Online registrations available at www.pspa.net until October 5, 2018. NO REGISTRATIONS (mailed, e-mailed, faxed) will be accepted after October 5, 2018. If you have not registered by October 5, 2018, we welcome on-site registrations. Thank you!

Check # _____ Personal or Business (payable to PSPA)
 Am Exp Master Visa Disc Account # _____ - _____ - _____ Exp Date: ____ / ____
 Cardholder's Name: _____ Signature: _____

Mail registrations to: PSPA, P.O. Box 128, Greensburg, PA 15601

Fax registrations accepted for credit card payments only at (724) 836-4449. DO NOT mail original to avoid duplicate charges.

If registration confirmation is not received within 2 weeks, please e-mail confreg@pspa.net.

CANCELLATION POLICY: Cancellations until 10/5/2018 will be refunded minus \$50 administration fee. NO REFUNDS after 10/5/2018.

NO REFUNDS for guest fees.

QUESTIONS? Call PSPA at (724) 836-6411 or e-mail: conference@pspa.net