REGISTRATION FORM SCAPA 2016 FALL CME CONFERENCE

Full Name _____

First Name for Nametag _____

Address 1 _____

Address 2 _____

City, State, Zip _____

Designation: ❒PA-C ❒PA-S ❒NP ❒NP-S ❒Other _____

Phone _____

Attendee email _____

Practice Specialty _____

*For PAs only: NCCPA # _____

**Attendance by PAs who provide this number will be reported to NCCPA by SCAPA and hours will not be subject to audit.*

Emergency Contact Name _____

Emergency Contact Phone _____

FUNCTION REGISTRATION The following functions are offered as part of your registration fee.

Meals: Please mark the meals you plan to attend. **Indicates meals where lectures may be given.*

Mon: ❒ Breakfast ❒ Lunch **Tues:** ❒ Breakfast* ❒ Lunch* **Wed:** ❒ Breakfast* ❒ Lunch* **Thurs:** ❒ Breakfast

Sunday Night Reception: You and a guest are invited for light hors d'oeuvres. How many will attend? _____

Monday Night Cookout: The Monday night cookout is free for conference registrants and open to guests who purchase a ticket. Cookout tickets for adults and children 12 and older are $35. Tickets for children between the ages of 4 and 11 are $15, and there is no charge for children 3 and younger. Please indicate how many in your party will attend the cookout.

_____Conference attendee (free) _____Guests @ $35 (adults, children 12 & older) _____Children @ $15 (4 to 11 yrs)

SCaledown Activities: To celebrate SCAPA's philanthropy project, the following activities are available at no additional charge. Please indicate how many in your party will participate in each activity.

_____**Tuesday at 6:15-7:15a - Yoga on the Beach** - What better way to prepare you mind and body for a day of learning than with this all levels yoga class where emphasis will be on breathing and creating openness. Bring a mat, water, and small towel.

_____**Wednesday at 4:00-6:00p - Bike Ride** - Join other conference participants in a leisurely ride around the island. Bike rental will be providesd. This is a great way to relax and re-energize after a long day of meetings!

WORKSHOP REGISTRATION The following workshops are offered to those registered for the conference at the additional fees listed. BLS/ACLS fee includes books and lunch. You should select only one workshop per time slot.

- ❒ **BLS/ACLS Recertification** on Sun, Oct 9 at 8:00a-2:00p - $250
- ❒ **PANCE/PANRE Review** *(6 SA credits)* on Sun, Oct 9 at 8:00a-12:00p - $85
- ❒ **Contract Negotiation** on Mon, Oct 10 at 4:00-5:00p - $85
- ❒ **Acute Care** *(20 SA credits)* on Mon, Oct 10 at 4:00-6:00p and Tues, Oct 11 at 4:00-7:00p - $250
- ❒ **Basic Suture** on Tues, Oct 11 at 4:00-7:00p - $125
- ❒ **Ortho Workshop** on Wed, Oct 12 at 4:00-7:00p - $85
- ❒ **Advanced Suture** on Wed, Oct 12 at 4:00-7:00p - $125

❒ **Check here if you wish to order a printed syllabus for $45.** Handouts will be available online by Oct. 1 so you can download them prior to the conference. Wifi will also be available in the classroom for online access to handouts during the conference.

❒ Check here if you do not permit SCAPA to share your address with exhibitors and other attendees. (Contact information will be provided to the sponsor for anyone who registers for a sponsored meal.)

❒ Check here if you have special needs (including food requests) & explain:

_____

CONFERENCE FEES

Full Conference Registration (24 CME hours)

- ❒ PA or other healthcare professional.....$625
- ❒ SCAPA PA Member.....$525
- ❒ PA Student.....$75
- ❒ SCAPA PA Student Member.....$50

Daily Registration for SCAPA Member - $150

Indicate day(s): ❒ Sun ❒ Mon ❒ Tues ❒ Wed ❒ Thurs

Daily Registration for All Others - $175

Indicate day(s): ❒ Sun ❒ Mon ❒ Tues ❒ Wed ❒ Thurs

Early Bird Discount: Subtract $50 if postmarked before Sept 1.

Late Fee: Add $100 if postmarked after September 30.

AMOUNT DUE

Registration Fee		_____
Printed Syllabus @ $45	+	_____
Early Bird Discount @ $50 (*by Sept 1)*	-	_____
Late Fee @ $100 (*after Sept 30)*	+	_____
BLS/ACLS Recertification @ $250	+	_____
Acute Care Workshop @ $250	+	_____
Suture Workshops (____ @ $125 each)	+	_____
Other Workshops (____ @ $85 each)	+	_____
Adult Cookout Tickets (____ @ 35 each)	+	_____
Child Cookout Tickets (____ @ 15 each)	+	_____
TOTAL DUE	**$**	_____

PAYMENT ❒ Check/Money Order payable to SCAPA ❒ MC, Visa, Amex, Discover

Card #_____ Exp Date_____ Security Code_____

Name on card_____

Card billing address_____

Email for receipt_____

Send form with payment to SCAPA at PO Box 2054, Lexington, SC 29071, fax 803/356-6826, or scapa@sc.rr.com.Written notice of cancellation must be received by October 1. A $100 administrative fee will be retained. Refunds are not available after October 1.