

## All-Alaska Medical Conference Attendee Registration

NAME:	PROFESSIONAL DESIGNATION: EMPLOYER:			
PRACTICING CITY/STATE:				
(your CME certificate will be mailed here) MAILING ADDRESS:				
CITY:	STATE:	ZI	P:	
PHONE:	FAX:			
EMAIL:				
<b>REGISTRATION FEES INCLUDE:</b> CME, Conti	nental Breakfast, Refre	eshment Breaks, Lu	nches and Annual Meeting.	
Pos AKAPA Member: Non-Members including NPs & MDs: PA Students/Retired PAs (in lieu of CE credits):		2 After Sep. □ \$525 □ \$650 □ \$100	□ <b>\$550</b> □ \$650	
<b>OPTIONAL WORKSHOPS (LIMITED):</b> Thursday Musculoskeletal Examination with Spi Friday Basic Suturing Techniques for the Primar			□ \$50 □ \$50	
<b>DAILY REGISTRATION:</b> AKAPA Members: Non-Members	□ \$185 □ \$195			
Please circle the day(s) you will be attending:	Thursday	Friday S	aturday Sunday	
Attendees will have an opportunity to download p	resentations prior to	o the event.		
Annual Meeting of the Membership The AKAPA Annual Meeting of the Membership v conference site. This meeting is only open to mem Membership Meeting?	-	•		
$\Box$ Yes $\Box$ No				
<b>TOTAL REGISTRATION: \$</b> Please make checks payable to the	Preferred method of		redit Card □ Check ard Payments	
Alaska Academy of Physician Assistants 2804 West Northern Lights Blvd Anchorage, AK 99517				
Registrations can be faxed to 907-562-8641. If y have any questions contact the AKAPA at 907-646-0588 or at <u>info@akapa.org</u> . Visit <u>www.akapa.org</u> for more information.	/ou CSC # (	Expiration Date: CSC # (3 digit code on back) Signature:		