



All-Alaska Medical Conference Attendee Registration

NAME: _____ PROFESSIONAL DESIGNATION: _____

PRACTICING CITY/STATE: _____ EMPLOYER: _____

(your CME certificate will be mailed here)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

REGISTRATION FEES INCLUDE: CME, Continental Breakfast, Refreshment Breaks, Lunches and Annual Meeting.

	Postmarked by Sep. 28	After Sep. 28	Onsite
AKAPA Member:	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525	<input type="checkbox"/> \$550
Non-Members including NPs & MDs:	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650	<input type="checkbox"/> \$650
PA Students/Retired PAs (in lieu of CE credits):	<input type="checkbox"/> \$85	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110

DAILY REGISTRATION:

AKAPA Members: \$185
Non-Members \$195

Please circle the day(s) you will be attending: Thursday Friday Saturday Sunday

Attendees will have an opportunity to download presentations prior to the event.

Annual Meeting of the Membership

The AKAPA Annual Meeting of the Membership will take place on **Saturday, October 13 at 11:45am** at the conference site. This meeting is only open to members of the AKAPA. Will you be attending the Annual Membership Meeting?

Yes No

TOTAL REGISTRATION: \$ _____

Please make checks payable to the

Alaska Academy of Physician Assistants
2804 West Northern Lights Blvd
Anchorage, AK 99517

Preferred method of payment: Credit Card Check
Credit Card Payments

Card # _____

Expiration Date: _____

CSC # (3 digit code on back) _____

Signature: _____

Registrations can be faxed to 907-562-8641. If you have any questions contact the AKAPA at 907-646-0588 or at info@akapa.org. Visit www.akapa.org for more information.