

Registration Information & Workshop Registration

If you have any questions regarding the program or registration, please call CAPA at (714) 427-0321. For the latest conference information or to register on-line visit www.capanet.org.

Early Registration

Please note the date for early registration. You are encouraged to register by August 23rd (Basic Course CAPA member price \$370). By doing so you will save \$35. After August 23rd the Basic Course CAPA member price is \$405. If you register after September 13th, Basic Course registration for a CAPA member will be \$425. As you can see, the sooner you register the more you will save. **The CAPA office will strictly observe the late registration prices and will charge the appropriate fees on the date you register.**

Guest Registration

The Renaissance and the Hilton will allow your guest(s) to stay in your room at no additional charge unless you need an additional bed placed in the room (e.g., crib or rollaway). If you would like your guest to be able to visit the exhibit hall, you may pay the Exhibit Hall Only price of \$25 and a badge will be prepared for that person that will allow them entry to the Exhibit Hall only. If you would like your guest to be able to join you for the 5 conference meals and the Exhibit Hall, you may pay the Guest Registration price of \$120 and a badge will be prepared

that will allow your guest to join you for those events. Guest registration does not include CME credit.

Workshop Registration

Workshop registration requires a separate fee and a separate registration form (see below). All workshop assignments are made on a first-come-first-serve basis, based on availability and are not refundable. Workshops do fill up quickly. You may pay by personal check or with a credit card. If paying by check, please enclose a separate check for the appropriate workshop amount. Complying with this request ensures that your workshop check will be returned should any of the workshops you choose be full. If you are paying by credit card, you will only be charged for those workshops that are open at the time of registration.

Out of State PAs

The CAPA Conference is a great place to network. We look forward to welcoming you to Palm Springs. If you are a member of your state PA association, you may register for the CAPA Conference at the member price.

Student Registration

For those who are currently enrolled in a primary care PA program. Or, if you graduated from PA school at any time during 2010, you may register at the student price.

Optional Workshops Registration Form

ACLS Recertification

Advanced Cardiac Life Support (ACLS) Recertification

Thursday, October 7, 2010 - 12:00 P.M. to 4:00 P.M.

Those registering for ACLS Recertification will not be able to attend Session 2 workshops on Thursday. Absolutely no refunds will be given after September 15, 2010.

ACLS Recertification (4 hours Cat I CME) \$135

THURSDAY SESSIONS – October 7, 2010

Session 1 – 10:00 A.M. to 12:00 P.M.

Splinting (2 hours Cat I CME) \$45
 Basic Suturing (2 hours Cat I CME) \$45
 Heart Sounds (2 hours Cat I CME) \$45

Session 2 – 12:15 P.M. to 2:15 P.M.

Splinting (2 hours Cat I CME) \$45
 Minor Surgical Procedures (2 hours Cat I CME) \$45
 Advanced Suturing (2 hours Cat I CME) \$45

SATURDAY SESSIONS – October 9, 2010

Session 3 – 1:30 P.M. to 3:30 P.M.

Orthopedic Exam (2 hours Cat I CME) \$45
 Basic Suturing (2 hours Cat I CME) \$45
 Joint Injection (2 hours Cat I CME) \$45

Session 4 – 3:45 P.M. to 5:45 P.M.

Orthopedic Exam (2 hours Cat I CME) \$45
 Advanced Suturing (2 hours Cat I CME) \$45
 Joint Injection (2 hours Cat I CME) \$45

REGISTRATION INFORMATION – Please Print

Due to minimum attendance requirements, all workshops are subject to cancellation.

Please fill out and include with your general conference registration form. Please include a separate check so it can be returned if one or more of the workshops you select are full. Your credit card will be charged for only those workshops that are open at the time you register.

NAME _____

CHECK ONE: PA-C PA PA-S OTHER _____

DAYTIME PHONE _____ FAX NUMBER _____ EMAIL ADDRESS _____

PAYMENT INFORMATION

Please register me for the selected workshops.

Total Amount Enclosed: \$ _____

Check enclosed (make check payable to CAPA)

 Visa  MasterCard

 CREDIT CARD NUMBER

SIGNATURE _____ EXP. DATE _____

2010 CAPA Conference Registration Form



BASIC COURSE – Save \$35 by Registering by August 23rd!

- \$370* – **Basic Course** (19.5 Hrs. Cat. I CME)
 - \$260* – **PA Student Basic Course** (19.5 Hrs. Cat. I CME)
- *ADD \$35, if registration & payment are received after Monday, August 23, 2010
 ADD \$55, if registration & payment are received after Monday, September 13, 2010

ONE DAY – Save \$35 by Registering by August 23rd!

- \$135* – **Thursday Only** (6 Hrs. Cat. I CME)
 - \$125* – **Friday Only** (5.5 Hrs. Cat. I CME)
 - \$110* – **Saturday Only** (5 Hrs. Cat. I CME)
 - \$70* – **Sunday Only** (3 Hrs. Cat. I CME)
 - \$90* – **PA Student Thursday Only** (6 Hrs. Cat. I CME)
 - \$85* – **PA Student Friday Only** (5.5 Hrs. Cat. I CME)
 - \$75* – **PA Student Saturday Only** (5 Hrs. Cat. I CME)
 - \$45* – **PA Student Sunday Only** (3 Hrs. Cat. I CME)
- * ADD \$35, if registration & payment are received after Monday, August 23, 2010
 ADD \$55, if registration & payment are received after Monday, September 13, 2010

GUEST REGISTRATION - Must be over 18 years of age

- \$120 – **Guest - Meals & Exhibit Hall**
 (Includes 5 conference meals; 3 breakfasts, 2 lunches, access to the Exhibit Hall, The Dance, American PA Idol and Challenge Bowl)
 Guest Name _____
- \$25 – **Guest - Exhibit Hall Only**
 (Access to the Exhibit Hall only)
 Guest Name _____

NON-MEMBER REGISTRATION - California PAs & Students

If you are not a CAPA member and are a California PA or PA student, you must select one of the non-member registration options below.

- Add \$100 – **CAPA Non-Member Graduate**
 (Includes CAPA Membership through 4/30/11)
- Add \$10 – **CAPA Non-Member Student**
 (Includes CAPA Membership through 4/30/11)

CONFERENCE SPECIAL INTEREST NETWORKING

A Chance to Meet and Greet Like-Minded PAs

Interested in meeting/networking with other PAs in one of the following groups? Mark one of the boxes below and we will make sure that your conference badge identifies your interest. We will also have tables set aside for each group at meal functions so you can sit with those who share your interest/experience.

Please select one only:

- PA Entrepreneurs
- PAs in practice for over 25 years (lovingly known as the Dinos)
- First-time CAPA Conference attendees/new CAPA members

GENERAL INFORMATION

Included with Basic Course: Conference meals, Friday Night Dance Party, Exhibit Hall and Student Challenge Bowl. Registration badges are required for all events except the Friday Night Dance Party and the Student Challenge Bowl.

- Vegetarian Meals Requested
- In accordance with the Americans with Disabilities Act, please check here if you have any special needs. You will be contacted by CAPA.

REGISTRATION INFORMATION - Please print clearly

FIRST NAME _____ LAST NAME _____

CHECK ONE: PA-C PA PA-S OTHER _____

PA LICENSE # _____

HOME ADDRESS _____

HOME CITY _____ STATE _____ ZIP _____

COMPANY NAME _____

COMPANY STREET ADDRESS _____

COMPANY CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

MOBILE PHONE _____ EMAIL ADDRESS _____

PA PROGRAM _____ GRADUATION DATE _____

PAYMENT INFORMATION

Basic Course: \$ _____

After August 23, 2010*: \$ _____
 *ADD \$35 if registration & payment are postmarked/faxed/emailed after 8/23/10 or ADD \$55 if registration & payment are postmarked/faxed/emailed after 9/13/10

One Day: \$ _____

After August 23, 2010*: \$ _____
 *ADD \$35 if registration & payment are postmarked/faxed/emailed after 8/23/10 or ADD \$55 if registration & payment are postmarked/faxed/emailed after 9/13/10

Guest Registration: \$ _____

Non-Member Registration: \$ _____

I paid the non-member price and do not wish to be a CAPA member

CAPA PAC Donation

Please mark this box if you do not wish to have \$20 of your CAPA Conference Basic Course registration fees donated to CAPA PAC ID #981553.

Total Amount Enclosed: \$ _____

Check enclosed (make check payable to CAPA)

Visa MasterCard

 CREDIT CARD NUMBER _____ EXP. DATE _____

Billing Address for the card above is: Home Company

NAME AS IT APPEARS ON CARD _____ SIGNATURE _____