

Registration form

Your registration fee includes 4 Breakfasts, 3 Lunches, Daily Refreshment breaks and a Welcome Reception.

1. ConnAPA Members

☐ Full Conference \$495

☐ Per Day \$190

☐ Wednesday Only \$165

Non Members

☐ Full Conference \$695

☐ Per Day \$230

☐ Wednesday Only \$200

Retired PAs/Military /CT license numbers 1-300 (active and retired) - NOTE: This applies to ConnAPA members only

☐ Full Conference \$420

☐ Per Day \$160

☐ Wednesday Only \$135

**If you are not attending the full conference, please select which days you will be attending:*

☐ Sunday

☐ Monday

☐ Tuesday

☐ Wednesday

TOTAL \$ _____

2. Guest Registration

☐ A guest will attend the Welcome Reception (Sunday Only) - \$35

☐ A \$50 per day fee for guests of attendees (this includes all breakfasts and lunches)

TOTAL \$ _____

3. Do you have a special diet, food allergies or need alternate food choices?

☐ Vegetarian

☐ Vegan

☐ Gluten free

☐ Other _____

4. Please let us know if you will be attending the following: **(required)*

☐ Welcome Reception/Dinner (Sunday, March 22) - *Included with your registration*

5. ☐ CTPAF Cocktail Reception at Rio Salado (Monday, March 23)

\$ _____

A suggested \$25 minimum donation to attend.

All proceeds benefit CTPAF student scholarships - please add donation to your registration grand total

6. Registration Information

Name: _____ NCCPA # **(required for all PAs)* _____

Address: _____

City: _____ ST _____ Zip _____

Phone: _____ Email: **(required)* _____

7. Payment Information

GRAND TOTAL \$ _____

Payment Method: ☐ Check OR ☐ Visa ☐ MC ☐ AMEX ☐ Discover

Card Number _____ Expiration Date _____

Name on the Card: _____

Billing Address _____ City _____ ST _____ Zip _____

How did you hear about the COC? (please circle)

Website

Facebook

Eblast

Other Chapter

AAPA

Direct mailing

Other _____