MAIL/FAX REGISTRATION FORM
GO TO WWW.VPTA.ORG TO REGISTER ONLINE

Name

Nickname on Badge

APTA Membership #

Address/City/State/Zip

Phone (Work) (Home)

E-mail (Required)

☐ PT ☐ PTA ☐ SPT ☐ SPTA

First VPTA Conference? ☐ Yes

New VPTA Member? ☐ Yes (Join date October 1, 2009–present)

☐ I have special needs and may require accommodation in order to fully participate in this meeting (please specify):

☐ I have special dietary needs (please specify):

I WILL BE ATTENDING:

☐ **STUDENT CONCLAVE** (Friday Only)

FRIDAY SESSIONS
(6 Type I CE hours plus 1.00 hour for attending research presentations)

☐ Track I
☐ Track II
☐ Track III

SATURDAY/SUNDAY SESSIONS
(10.75 Type I CE hours)

☐ Track IV
☐ Track V
☐ Track VI

SATURDAY EVENTS

☐ Business Lunch (check here if attending)
Lunch is included with PT/PTA Full & Sat/Sun registration fees only.

☐ VPTA-PAC Event

REGISTRATION FEES	Earlybird Deadline: 9/17	Advance Deadline: 10/1	After 10/1 & Onsite	Fixed Rates	
				Friday Only	Sat/Sun Only
PT Member	$345	$425	$475	$215	$310
PTA Member	$250	$315	$365	$165	$230
PT Nonmember	$495	$595	$665	$325	$460
PTA Nonmember	$340	$440	$500	$210	$320
Student Member	$140	$180	$205	$75	$135
Student Nonmember	$180	$220	$250	$110	$175
Corporate Rate* PT	$290	$375			
Corporate Rate PTA	$210	$270			
Student Conclave (Friday, October 15)	Student Member: $45 Student Nonmember: $65				

Corporate Rate: Must include 3+ APTA members (attending all 3 days) from the same employer.* ***All forms must be submitted together and mailed or faxed (not online).*

		Total
Registration Fee		$
Saturday 10/16: VPTA-PAC Event	$45	
Saturday 10/16: Business Lunch **Additional** Tickets *Included in PT/PTA Full Registration & Sat/Sun Registration. **Needed if** you are attending Friday only and would like to attend the saturday lunch, if you have a guest, or if you are a student.*	#_____ x $30 (Fri Only/Guests) #_____ x $20 (Students)	$
TOTAL AMOUNT		$

METHOD OF PAYMENT:

☐ Check (Make checks payable to Virginia Physical Therapy Association)

☐ Credit Card: ☐ MasterCard ☐ Visa ☐ American Express

Card # Exp. date

Name on card Zip Code of Billing Address

Authorized Signature

Please return your completed registration form and payment to:

Virginia Physical Therapy Association
PO Box 327, Alexandria, VA 22313-0327

OR fax your registration and payment (credit card only) to: VPTA at 703/706-8575.

Allow 2 weeks for processing. Advance registration deadline is **October 1.** Full conference fees apply after that date.

Cancellations: A refund, less $50 administrative costs, will be issued for *written* requests postmarked by October 1. No refunds permitted after October 1, 2010.

VIRGINIA IS FOR PHYSICAL THERAPY

VPTA'S ANNUAL CONFERENCE

OCTOBER 15-17, 2010