

# ACADEMY OF PEDIATRIC PHYSICAL THERAPY

## CONFERENCE REGISTRATION FORM

### Advanced Clinical Practice in Pediatric Physical Therapy Course

September 22-24, 2017 \* Portland, OR

**Registration Deadline: August 31 (or until max attendance is reached)**

Name/Credentials: \_\_\_\_\_

Nickname for Badge \_\_\_\_\_ APTA Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Agency Name (if applicable): \_\_\_\_\_

If a PT in the state of Illinois wishes to apply an Academy of Pediatric Physical Therapy course to their state EI credentialing certificate, please notify APPT at [pediatrics@apta.org](mailto:pediatrics@apta.org) at least 6 weeks prior to the course taking place, to allow time to submit a course approval application.

Member Type	Advance (Ends Aug 31)	Daily (Ends Aug 31)	Onsite (Begins Sept 22)	Onsite Daily (Begins Sept 22)
* PT Academy of Pediatric Physical Therapy (APPT) Member	\$380	\$210	\$400	\$230
Non-APPT Members	\$465	\$300	\$485	\$320
Non-APTA Members	\$530	\$365	\$550	\$385
Group Rate (3+ from same facility)	\$360	Not available	Not available	Not available

\*To join APPT, visit [www.apta.org](http://www.apta.org) and click on "Join" at the top of the page. Member registration rate applies, with transaction record. (If you are not eligible for APPT membership, but would like to become an APPT Partner, visit [www.pediatricapta.org](http://www.pediatricapta.org) and click on "About APPT," then Partners Program; member discount applies.)

If attending for a single day, please circle which day you will attend: **Sept 22**      **Sept 23**      **Sept 24**

\_\_\_\_\_ Yes, I give permission to release my name and e-mail address to course attendees.

\_\_\_\_\_ No, I DO NOT permit sharing of my name and e-mail address with course attendees.

**Payment:** You may register online with a credit card at [www.apptac.org](http://www.apptac.org); by phone by calling the Component Registrar at 800/999-2782, ext 3210; or by mail by sending in this registration form with your check to: **Academy of Pediatric Physical Therapy, APTA, Attn: Component Registrar, ACP 2017, 1055 North Fairfax St, Suite 205, Alexandria, VA 22314-1488.**

Checks should be made payable to: **Academy of Pediatric Physical Therapy**. This registration form must be received with payment in full and must be postmarked by Early-Bird or Advance deadline dates indicated above in order to receive that rate.

**Refund Policy:** APPT reserves the right to cancel this event, in which case all monies paid will be reimbursed. If you need to cancel your registration, please send a request in writing to the above address by October 31, and allow 4 weeks for reimbursement (minus a \$100 processing fee). No refunds will be allowed after this date.

**Note:** Attendance for this course is limited and will be handled on a first-come, first-served basis. Conference handouts will be available online before the conference. No handouts will be available at the conference.