

IOWA PA SOCIETY SPRINGTIME REFRESHER CME 2023

Name _____

Preferred Name for Badge _____

Title _____

Clinic _____

Work Address _____

Work City/State/Zip _____

Work Phone _____ Cell Phone _____

I am opting in to receiving text messages from IPAS & understand that SMS/data rates from my carrier may apply.

Email _____ AAPA# _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Email: _____

SPECIAL DIETARY NEEDS: _____

SPECIALTY:

- Dermatology Emergency Medicine Family Medicine General Surgery Internal Medicine
 Internal Medicine Subspecialty Primary Care Psychiatry and Behavioral Medicine Surgical Subspecialty
 Women's Health Other: _____

NUMBER OF YEARS IN PRACTICE:

- 1-5 6-10 11-15 16-25 26-35 36+

REGISTRATION FEES, PLEASE CHECK ONE:

Participants may register for either or both days.

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> IPAS Member
Full Conf. \$325
One Day \$225
<input type="checkbox"/> Mon. or <input type="checkbox"/> Tues. | <input type="checkbox"/> Out of State AAPA Member
Full Conf. \$330
One Day \$225
<input type="checkbox"/> Mon. or <input type="checkbox"/> Tues. | <input type="checkbox"/> Non-Member
Full Conf. \$425
One Day \$295
<input type="checkbox"/> Mon. or <input type="checkbox"/> Tues. | <input type="checkbox"/> Military Rate
Full Conf. \$415
One Day \$285
<input type="checkbox"/> Mon. or <input type="checkbox"/> Tues. | <input type="checkbox"/> IPAS Student Member
Full Conf. \$100
One Day \$65
<input type="checkbox"/> Mon. or <input type="checkbox"/> Tues. |
|---|--|--|---|--|

NEED TO RENEW YOUR MEMBERSHIP? ADD IT ON TO YOUR CONFERENCE REGISTRATION!

Your membership can be renewed now for the 2022-2023 membership year (Oct 1, 2022 - Sept 30, 2023)

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Fellow (PA who is a member of AAPA and works in IA) | \$160 | <input type="checkbox"/> Associate Nurse Practitioner (Advanced Registered NP) | \$160 |
| <input type="checkbox"/> Affiliate (PA who is not an AAPA member and works in IA) | \$160 | <input type="checkbox"/> Student | \$25 |
| <input type="checkbox"/> Associate (Not working as a PA, or lives & works outside IA) | \$60 | <input type="checkbox"/> Graduate | \$75 |
| <input type="checkbox"/> Retiree (Retired PA who wants to stay current) | \$60 | | |

HOW DID YOU HEAR ABOUT OUR CONFERENCE?

- Emails IPAS Website Hard Copy Mailings Friend Colleague/Clinic Facebook Instagram

**PLEASE MAKE CHECKS PAYABLE TO IPAS
AND MAIL WITH THIS FORM TO:**
Iowa Physician Assistant Society
6919 Vista Drive, West Des Moines, IA 50266

IF PAYING BY CREDIT CARD:

You may register online at: www.iapasociety.org
IPAS Tax ID 42-1114650

Conference Registration Fee	_____
Membership Renewal Fee	_____
Late Fee (if dated on or after April 1st - \$40)	_____
Total Amount Enclosed	_____

By submitting this form, I understand and agree that IPAS will have my contact details for the purpose of processing my information and ensuring full participation in this event. For a complete privacy policy, contact the IPAS office.

On an event by event basis, we share a portion of attendee information with our conference participants which may include speakers, attendees, and conference supporters. This provides a valuable networking tool to all those involved. This information includes your name, clinic/workplace name, city, state, and email provided on your registration form. If you would like to opt out of this document, please email the IPAS office so we may note your preference and omit you from this conference benefit.