



## 2019 AAPC Seattle REGIONAL CONFERENCE REGISTRATION FORM

**Name:** \_\_\_\_\_ **Preferred Name (for badge):** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Attendee Email:** \_\_\_\_\_ **CC Email:** \_\_\_\_\_  
**Emergency Contact Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

- Check here if you require ADA or special meal needs. Please specify: \_\_\_\_\_  
 I am attending AAPC's Conference for the first time     Please do not list me on your pre- or post-show attendee lists

CONFERENCE REGISTRATION	EARLY BIRD Conference Registration (Until 5/31/19)	REGULAR Conference Registration	TOTAL
<b>MEMBERS</b>			
Platinum, Gold, Individual & Academic AAPC Members	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199	N/A
Young Professional AAPC Members (Under 30)	<input type="checkbox"/> \$99	<input type="checkbox"/> \$99	N/A
Student AAPC Members (Must present a valid student ID at check-in.)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	N/A
<b>NON-MEMBERS: Become an AAPC Member and receive one complimentary Registration!</b>			
Platinum AAPC Membership & One Conference Registration	Membership - \$1000	Conference Reg - \$0	<input type="checkbox"/> \$1000
Gold AAPC Membership & One Conference Registration	Membership - \$500	Conference Reg - \$0	<input type="checkbox"/> \$500
Individual AAPC Membership & One Conference Registration	Membership - \$250	Conference Reg - \$0	<input type="checkbox"/> \$250
2 Year Platinum AAPC Membership & One Conference Registration	Membership - \$1800	Conference Reg - \$0	<input type="checkbox"/> \$1800
2 Year Gold AAPC Membership & One Conference Registration	Membership - \$900	Conference Reg - \$0	<input type="checkbox"/> \$900
2 Year Individual AAPC Membership & One Conference Registration	Membership - \$450	Conference Reg - \$0	<input type="checkbox"/> \$450
Non-Member	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349	N/A

### PAYMENT INFORMATION:

- Check payable to: **AAPC**    Mail to: AAPC, 1775 Tysons Blvd., 5<sup>th</sup> Floor, McLean, VA 22102  
 American Express     Discover     MasterCard     VISA

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 Name as it appears on card: \_\_\_\_\_  
 Billing Address (if different from above): \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

**CANCELLATION POLICY:** Cancellations must be received in writing. A processing fee of \$100 will be charged for cancellations received by May 24, 2019. No refunds will be issued for cancellations received after May 24, 2019. No refunds will be issued for no-shows. Substitutions are welcome in lieu of cancellation anytime.

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