PPAG Fall Meeting

University of Kentucky | Hyatt Regency | Lexington, KY | Sept 19-22, 2019
www.ppag.org

REGISTRATION POLICY and INFORMATION

- The Deadline for Early Bird Registration is July 31, 2019
- Full Refunds will be given through July 31, 2019. Between August 1 and August 29, 2019, a 75% refund will be given. After August 29, 2019, no refunds will be given. However, balances can be transferred to future conferences.
- Pre-registration will end September 18, 2019. After September 18, you must register onsite.
- **Non-member** registration (except one-day registration) allows you to opt-in to a complimentary one-year PPAG membership.

STEP 1: REGISTRATION CATEGORIES AND FEES

1A: REQUIRED. Please circle the appropriate category amount (if selecting a member rate, your membership will be verified prior to processing):

	Early Bird	Regular
Registration Deadline	**07/31/19**	**09/18/19**
Full Meeting Registration (All Days and Events)		
Member (CE Only)	400.00	500.00
Member (CE & BCPPS Recertification Credit*)	500.00	600.00
Non-Member (CE Only)	650.00	750.00
Non-Member (CE & BCPPS Recertification Credit*)	750.00	850.00
Resident Member	300.00	300.00
Resident Non-Member	375.00	375.00
Student Member	100.00	100.00
Student Non-Member	150.00	150.00
Single-Block Meeting Registration (one block, including tour) ** Fill out section 1B below.		
Member (CE Only)	300.00	400.00
Member (CE & BCPPS Recertification Credit*)	350.00	450.00
Non-Member (CE Only)	550.00	650.00
Non-Member (CE & BCPPS Recertification Credit*)	600.00	700.00
Resident Member	200.00	200.00
Resident Non-Member	275.00	275.00
Student Member	50.00	50.00
Student Non-Member	100.00	100.00
One-day Meeting Registration (up to 6 contact hours). **Circle day**: Thursday Friday Saturday Sunday		
Member (CE Only)	150.00	250.00
Member (CE & BCPPS Recertification Credit*)	175.00	275.00
Non-Member (CE Only)	275.00	375.00
Non-Member (CE & BCPPS Recertification Credit*)	300.00	400.00
Resident Member	100.00	100.00
Resident Non-Member	125.00	125.00

* **1A: Educational Block Options:** If you registered for a **Single-Block**, please circle one:
Infectious Diseases OR Preceptor Development OR Student

Step 2: PARTICIPATION INFORMATION

FOR NON-MEMBER REGISTRANTS ONLY: If you registered as a non-member, a one-year complimentary membership is included in your fee. However, you do NOT have to become a member. Please indicate if you'd like to become a PPAG member. **Circle: Yes /No**

HOSPITAL TOURS: Do you plan to attend the Tour of Kentucky Children's Hospital? **Circle: Yes / No**

SPECIAL ACCOMMODATIONS: Below, please list any special accommodations you require while attending (dietary or otherwise):

_____

STEP 3: REGISTRANT INFORMATION

Name: _____

Title: _____

Institution: _____

Address: _____

City, State, Zip: _____

Telephone: _____ **Fax**: _____

Email address: _____
* registration confirmation will be sent via email

STEP 4: PAYMENT INFORMATION

Type (Circle) Check (enclosed)
Visa MasterCard
American Express Discover

Card #: _____ Exp. Date: _____

Cardholder Signature: _____

Cardholder Printed Name: _____

Address: _____

City: State: Zip: _____

Mail this form to: PPAG, 5865 Ridgeway Center Parkway, Memphis, TN 38120

Fax this form to: 901-767-0704