



PPS 2019 Annual Conference & Exposition REGISTRATION FORM

Please complete this form in its entirety to ensure accurate processing. Full payment must accompany your registration. Registrations are processed on a first-come, first-serve basis. To register more than 5 from the same practice, please copy this form for registrants 6+ and submit both forms at one time.

Part 1. Participant Registration Information

Practice/Organization: _____
 Email for confirmation of all attendees: _____

Registrant 1

First Name: _____ MI: _____
 Last Name: _____ Birth Year: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Emergency Contact: _____ Phone: _____
 CEU Email: _____
 Yes, I agree to share my email address with exhibitors

APTA Member ID Number: _____
 Subscriber Administrator Number: _____
 Is this your first time attending the PPS Annual Conference? Yes No
 How did you learn about this conference? IMPACT Email from PPS
 Other APTA Section Colleague Vendor School Other
 How long have you been in Private Practice? 0 to -3 Years 3 to -5 Years
 5 to -10 Years 10 to -20 Years 20+ Years I do not work in private practice
 What is your practice focus? _____

Registrant 2

First Name: _____ MI: _____
 Last Name: _____ Birth Year: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Emergency Contact: _____ Phone: _____
 CEU Email: _____
 Yes, I agree to share my email address with exhibitors

APTA Member ID Number: _____
 Subscriber Administrator Number: _____
 Is this your first time attending the PPS Annual Conference? Yes No
 How did you learn about this conference? IMPACT Email from PPS
 Other APTA Section Colleague Vendor School Other
 How long have you been in Private Practice? 0 to -3 Years 3 to -5 Years
 5 to -10 Years 10 to -20 Years 20+ Years I do not work in private practice
 What is your practice focus? _____

Registrant 3

First Name: _____ MI: _____
 Last Name: _____ Birth Year: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Emergency Contact: _____ Phone: _____
 CEU Email: _____
 Yes, I agree to share my email address with exhibitors

APTA Member ID Number: _____
 Subscriber Administrator Number: _____
 Is this your first time attending the PPS Annual Conference? Yes No
 How did you learn about this conference? IMPACT Email from PPS
 Other APTA Section Colleague Vendor School Other
 How long have you been in Private Practice? 0 to -3 Years 3 to -5 Years
 5 to -10 Years 10 to -20 Years 20+ Years I do not work in private practice
 What is your practice focus? _____

Registrant 4

First Name: _____ MI: _____
 Last Name: _____ Birth Year: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Emergency Contact: _____ Phone: _____
 CEU Email: _____
 Yes, I agree to share my email address with exhibitors

APTA Member ID Number: _____
 Subscriber Administrator Number: _____
 Is this your first time attending the PPS Annual Conference? Yes No
 How did you learn about this conference? IMPACT Email from PPS
 Other APTA Section Colleague Vendor School Other
 How long have you been in Private Practice? 0 to -3 Years 3 to -5 Years
 5 to -10 Years 10 to -20 Years 20+ Years I do not work in private practice
 What is your practice focus? _____

Registrant 5

First Name: _____ MI: _____
 Last Name: _____ Birth Year: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Emergency Contact: _____ Phone: _____
 CEU Email: _____
 Yes, I agree to share my email address with exhibitors

APTA Member ID Number: _____
 Subscriber Administrator Number: _____
 Is this your first time attending the PPS Annual Conference? Yes No
 How did you learn about this conference? IMPACT Email from PPS
 Other APTA Section Colleague Vendor School Other
 How long have you been in Private Practice? 0 to -3 Years 3 to -5 Years
 5 to -10 Years 10 to -20 Years 20+ Years I do not work in private practice
 What is your practice focus? _____

Part 2. Registration Fees

Registrant 1

Registration Category: _____

Conference Fee: \$ _____

Pre-Conference Workshops (Select ONE Workshop)

- Workshop 1:** Payment and Reimbursement Update
- Workshop 2:** Creating Your Patient's Experience: Your Whole Team Trained for Patient and Business Success

Pre-Conference Fee: \$ _____

Non-Industry Guest*: \$ _____

Registrant 2

Registration Category: _____

Conference Fee: \$ _____

Pre-Conference Workshops (Select ONE Workshop)

- Workshop 1:** Payment and Reimbursement Update
- Workshop 2:** Creating Your Patient's Experience: Your Whole Team Trained for Patient and Business Success

Pre-Conference Fee: \$ _____

Non-Industry Guest*: \$ _____

Registrant 3

Registration Category: _____

Conference Fee: \$ _____

Pre-Conference Workshops (Select ONE Workshop)

- Workshop 1:** Payment and Reimbursement Update
- Workshop 2:** Creating Your Patient's Experience: Your Whole Team Trained for Patient and Business Success

Pre-Conference Fee: \$ _____

Non-Industry Guest*: \$ _____

Registrant 4

Registration Category: _____

Conference Fee: \$ _____

Pre-Conference Workshops (Select ONE Workshop)

- Workshop 1:** Payment and Reimbursement Update
- Workshop 2:** Creating Your Patient's Experience: Your Whole Team Trained for Patient and Business Success

Pre-Conference Fee: \$ _____

Non-Industry Guest*: \$ _____

Registrant 5

Registration Category: _____

Conference Fee: \$ _____

Pre-Conference Workshops (Select ONE Workshop)

- Workshop 1:** Payment and Reimbursement Update
- Workshop 2:** Creating Your Patient's Experience: Your Whole Team Trained for Patient and Business Success

Pre-Conference Fee: \$ _____

Non-Industry Guest*: \$ _____

TOTAL: \$ _____

Registration Category Descriptions & Fees

Registration Categories	Pre-Conference Workshop 1	Pre-Conference Workshop 2	Conference Fee until 8/15/19	Conference Fee until 9/23/19	Conference Fee after 9/23/19 or onsite
New PPS Member <i>(joined after 11/15/18)</i>	\$50	\$325	\$655	\$715	\$780
PPS Member	\$50	\$350	\$810	\$885	\$965
APTA, Non PPS Member	\$350	\$350	\$1,140	\$1,355	\$1,355
Administrators Network Practice Administrator	\$50	\$350	\$810	\$885	\$965
Non Administrators Network Practice Administrator <i>**includes 1 year membership to Administrators Network</i>	\$50	\$350	\$860	\$935	\$1,105
Non-APTA Member	\$350	\$350	\$1,305	\$1,420	\$1,545
Student	\$50	\$350	\$355	\$415	\$475
Exhibit Hall Only	\$350	\$350	\$325	\$355	\$385
Non-Industry Guest*	-----	-----	\$450	\$450	\$450

* Includes limited access.

Part 3. Payment

Full payment must accompany your registration. Registrations are processed on a first-come, first-serve basis. Registrations will not be accepted without payment.

- Check Enclosed** (make payable to PPS)
If you choose to pay by check, cash, or money order, please mail your registration form along with your payment to:

Private Practice Section, APTA

PPS Registration Office
PO Box 65
Huntingtown, MD 20639

CANCELLATIONS AND REFUNDS: All registration cancellations and refund requests must be made in writing by **September 27, 2019**. A refund of the full conference fee, minus a \$75 administrative fee, will be given for cancellations received by that date.

No refunds will be granted for requests postmarked after September 27, 2019. PPS regrets that refunds will not be given for no-shows.

All requests for exceptions to the cancellation/refund policy must be submitted in writing by the registrant with appropriate documentation **no later than September 27, 2019**. After that time, no refund considerations will be made. Refund requests should be submitted to trish.strong@kcimeetings.com.

SUBSTITUTIONS: Substitutions within this program are gladly accepted. A substitution of your full registration is permitted prior to the conference by submitting a written request to trish.strong@kcimeetings.com. Onsite transfers must be accompanied by proof of the original confirmation letter.

Registration Category Descriptions & Policies

First Time Attendee and New PPS Member:

(joined after November 15, 2018):

A Physical Therapist member in good standing of the Private Practice Section that is attending a PPS Annual Conference for the first time and joined after November 15, 2018.

PPS Member:

Member in good standing of the Private Practice Section.

APTA, Non-PPS Member:

Member in good standing of APTA who does not hold membership in the Private Practice Section.

Non-APTA Member:

A Physical Therapist who is not a member of APTA.

Administrators Network Practice Administrator:

Non-PT practice administrators who subscribe to the PPS Administrators Network program.

Non Administrators Network Practice Administrator:

Non-PT serving as practice administrator for a PPS member and who is not in the PPS Administrators Network program.

Student:

Non-PTs studying physical therapy.

Please Note:

If you are a PT working as a practice administrator, you must register in one of the PT registration categories above, regardless of the position you hold within the practice.

Registration Policies:

Registrants must adhere to the categories listed for registration to the annual conference. All admissions will be qualified by PPS once submitted and if the category a registrant selects does not match, a PPS staff member will be in touch with the registrant to discuss the difference in payment due. Registration Fees for PTs, Practice Administrators, and Students include:

- Entrance to all Conference Educational Programs
- Conference Materials
- Advance access to Educational Session Presentation handouts on the PPS website.
- All food functions:
 - Wednesday President's Welcome Networking Reception
 - Breakfast Thursday, Friday, and Saturday
 - Lunch Thursday and Friday
 - Friday Dinner

Event Tickets:

Individual tickets to social events may be purchased on site at the Conference or you may register your non-industry guest now for \$450.

This fee includes the following events:

- Wednesday President's Opening Reception
- Thursday Keynote Opening Breakfast
- Thursday Lunch in the Exhibit Hall
- Thursday Reception in the Exhibit Hall
- Friday Lunch in the Exhibit Hall
- Friday Night Closing Dinner Event
- Saturday Closing Breakfast with Keynote

Exhibit Hall Only:

Entrance to Exhibit Hall on Thursday and Friday during official exhibit hours. Exhibit Hall Only registrants will not have access to educational programming or social events outside of the exhibit hall.

Pre-Conference Workshops Registration:

Registration for the Pre-Conference Workshop is an additional fee. Attendance is limited. We strongly encourage early registration to guarantee your place.

Group Discounts:

A discount of \$150 off the registration fee is available for the 3rd or more registrant. Registrants must register at the same time to be eligible for discounted rates. For more details please call the PPS conference line at 301-674-9586.

