Downeast Association of Physician Assistants

22nd Annual Winter CME Conference

February 1-4, 2012

Grand Summit Hotel Resort & Conference Center, Sunday River, Newry, Maine

On-line Registration available at www.deapa.com/conference

Conference Registration Form

Please Print:

Name _____,*PA-C*
First *MI* *Last*

Office Address _____

City _____*State* _____*Zip* _____

Tel _____*Fax*_____

*E-mail*_____

(DEAPA will not disclosed your personal information to any third party)

Guest Name(s) 1. _____
2. _____

CONFERENCE FEES:

Registration Deadlines:	**Early Bird** *(as of 12/31/11)*	**Late** *(1/1/12 and after)*	
___ DEAPA Member	$425	$475	
___Other State Constituent Member	$425	$475	State _____ ID# _____
___Non-Member	$525	$575	
___PA Student (DEAPA Member)	$20	$ 20	
___PA Student (Non-member)	$50	$ 50	
___Friday evening Banquet	$40	$ 40	

Not a member yet? Visit www.deapa.com

Total Due: $

Selection for breakout sessions for Thursday February 2 at 7:45 a.m.

___ Breakout I - Splinting & Casting *(Limit 20-25)*

___ Breakout II - Evidence Based Updates in the Treatment of Atrial Fibrillation & A Review of the Evidence Based Treatments for Adult Type 2 Diabetes

___ Enclosed is my check made payable to: (or register on-line at www.deapa.com/conference)
Downeast Association of Physician Assistants

___ Please Charge my: ___ Visa ___ Mastercard
Card#: _____ Exp. Date _____
Name _____
Signature _____

Complete registration and mail or fax with full payment to:
Downeast Association of Physician Assistants
PO Box 190, Manchester, ME 04351
Fax: 207-622-3332
(note: fax for credit card only)

Cancellation Policy: *If you must cancel, please notify by phone or fax. Conference registration fee, minus a $50 administrative fee, will be refunded if notice of cancellation is received prior to January 16, 2012. No refunds will be granted after January 16th.*