



**APPNA 40th ANNUAL CONVENTION
ORLANDO, FLORIDA
JULY 5 – 9, 2017**

REGISTRANT INFORMATION

FIRST NAME		LAST NAME	
SPOUSE NAME			
ADDRESS			
CITY		STATE	ZIP
PHONE		EMAIL	
MEDICAL COLLEGE		GRADUATION YEAR	

2017 APPNA MEMBERSHIP DUES
PAID APPNA MEMBERSHIP IS REQUIRED TO REGISTER FOR MEETING

<input type="radio"/> APPNA ANNUAL MEMBERSHIP	\$125
<input type="radio"/> APPNA LIFETIME MEMBERSHIP	\$1875
<input type="radio"/> ALLIANCE ANNUAL MEMBERSHIP	\$25
<input type="radio"/> ALLIANCE LIFETIME MEMBERSHIP	\$500
ALLIANCE MEMBER NAME:	

MEETING REGISTRATION
PAID MEETING REGISTRATION FEE IS REQUIRED

TYPE	BEFORE 05/15/17	BEFORE 06/15/17	ON SITE	TOTAL
PHYSICIAN IN TRAINING	---	---	---	---
LIFETIME MEMBER	---	---	---	---
ANNUAL MEMBER	\$140	\$155	\$175	

EDUCATIONAL PROGRAMS
PAID APPNA MEMBERSHIP & MEETING REGISTRATION FEES ARE REQUIRED TO ATTEND CME

TYPE	BEFORE 05/15/17	BEFORE 06/15/17	ON SITE	TOTAL
Physician CME	\$375	\$400	\$450	
Dental Continuing Education & Lunch	\$85	\$95	\$100	



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WEDNESDAY EVENTS | JULY 5, 2017

TYPE	BEFORE 05/15/17	BEFORE 06/15/17	ON SITE	QTY	TOTAL
CHAPTER NIGHT	-	-	\$20		

THURSDAY EVENTS | JULY 6, 2017

ALLIANCE NIGHT: Dinner, fashion show , entertainment & more.

TYPE	BEFORE 05/15/17	BEFORE 06/15/17	ON SITE	QTY	TOTAL
ADULT	\$120	\$130	\$140		
CHILD <i>12 & UNDER ONLY</i>	\$85	\$90	\$100		
FASHION SHOW & ENTERTAINMENT ONLY	\$55	\$65	\$70		
MUSHAIRA	-	-	-		

FRIDAY EVENTS | JULY 7, 2017

TYPE	BEFORE 05/15/17	BEFORE 06/15/17	ON SITE	QTY	TOTAL
GOLF FOR THE PRO	\$150	\$160	<i>NO ON-SITE REGISTRATION</i>		

ALUMNI NIGHT

MEDICAL SCHOOL #1					
MEDICAL SCHOOL #2					

TYPE	BEFORE 05/15/17	BEFORE 06/15/17	ON SITE	QTY	TOTAL
DINNER & ENTERTAINMENT TO MEDICAL SCHOOL #1	\$140	\$150	\$160		
DINNER & ENTERTAINMENT TO MEDICAL SCHOOL #2	\$140	\$150	\$160		
ENTERTAINMENT ONLY	\$90	\$100	\$100		

IMPORTANT: LIMIT OF 10 TICKETS FOR SATURDAY BANQUET. THANK YOU FOR YOUR COOPERATION

SATURDAY EVENTS | JULY 8, 2017

BANQUET & ENTERTAINMENT

FULL PRICE TICKETS REQUIRED FOR ALL AGES, INCLUDING CHILDREN. NO CHILDREN UNDER 3 YEARS OLD ALLOWED.

TYPE	BEFORE 05/15/17	BEFORE 06/15/17	ON SITE	QTY	TOTAL
BANQUET & ENTERTAINMENT	\$150	\$160	<i>NO ON-SITE REGISTRATION</i>		
CAPPNA DJ PROGRAM (AGES 12-18)	---	---	---		

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SAYA WEEKEND PACKAGE (AGE 18+)					
THURSDAY	Mixer		FRIDAY	Talent Show	
SATURDAY	Panel Basketball Tournament Dinner & Entertainment on Universal Boardwalk				
TYPE	BEFORE 05/15/17	BEFORE 06/15/17	ON SITE	QTY	TOTAL
WEEKEND PACKAGE	\$130	\$140	\$150		

**BABYSITTING SERVICES | 5 P.M. – 1 A.M.
AGES 1-11 ONLY**

CHILD #1	NAME				AGE	
CHILD #2	NAME				AGE	
CHILD #3	NAME				AGE	
TYPE	BEFORE 05/15/17	BEFORE 06/15/17	ON SITE	# OF KIDS	TOTAL	
THURSDAY	\$75/CHILD	\$85/CHILD	<u>NO ON-SITE REGISTRATION</u>			
FRIDAY	\$75/CHILD	\$85/CHILD	<u>NO ON-SITE REGISTRATION</u>			
SATURDAY	\$75/CHILD	\$85/CHILD	<u>NO ON-SITE REGISTRATION</u>			

HOTEL INFORMATION

ADDRESS	ROSEN SHINGLE CREEK 9939 UNIVERSAL BOULEVARD ORLANDO, FLORIDA 32819	PHONE	407 – 996 – 9939 <i>PLEASE DO NOT CALL APPNA OFFICE RE: RESERVATIONS</i>
DELUXE ROOM	\$169/NIGHT + TAXES & RESORT FEES	SUITES	CONTACT HOTEL
ROOM CUT OFF DATE	JUNE 5, 2017	BOOKING	<i>PHONE OR ONLINE: www.appna.org/hotel</i>

NOTICE

- 1) You **MUST** be registered for the 40th Annual Summer Convention in order to reserve a room. If you are not registered as an attendee your room reservation may be cancelled up to three weeks after reserving your room.
- 2) A **non-refundable** deposit of one night's room & tax will be charged for all reservations.

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REFUNDS & EXCHANGES

NO REFUNDS OR EXCHANGES. TICKETS MAY NOT BE REFUNDED OR EXCHANGED.

CANCELLATION POLICY

ONLY APPLIES TO FULL CANCELLED MEETING REGISTRATIONS. REQUESTS MUST BE RECEIVED IN WRITING.

SEND REQUESTS TO: MEETINGS@APPNA.ORG

REQUESTS RECEIVED BY MAY 15, 2017	75% REFUND	REQUESTS RECEIVED BETWEEN MAY 15 – JUNE 15, 2017	50% REFUND
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ABSOLUTELY NO REFUNDS AFTER JUNE 15, 2017.

DISCLAIMER

As a condition to participating in this event, participant acknowledges and agrees that APPNA is not in control of or responsible for the condition of the premises, the conduct of the presenter, any other participant or any act of negligence or intentional harm that may cause injury to Participant or Participant's property. Participant agrees to assume full responsibility and liability for any accident or injury that may result from participation in this event and will be fully responsible for any damage to property of Hotel, Convention center, APPNA or any other vendor, exhibitors and or participant.

TOTAL DUE

\$ _____

PROCESSING FEE

3% NON-REFUNDABLE PROCESSING CHARGE WILL BE ADDED TO ALL CREDIT & DEBIT CARD TRANSACTIONS.

PAYMENT

REGISTRATIONS MISSING PAYMENT INFORMATION & SIGNATURE WILL NOT BE PROCESSED

CREDIT CARD PAYMENT: FAX FORM TO 630-968-8677 CHECK PAYMENT: MAIL FORM TO ADDRESS BELOW

MASTERCARD	DISCOVER	AMEX	VISA
CARDHOLDER NAME			
CARD NUMBER			
EXPIRY DATE	CVV	BILLING ZIP CODE	
CHECK PAYMENT OPTION	CHECK # _____	PAYABLE TO APPNA & MAIL TO: APPNA 6414 S. Cass Ave Westmont, IL 60559	
ACKNOWLEDGMENT	HAVING SIGNED, I CONFIRM THAT I HAVE UNDERSTOOD AND ACCEPTED ALL POLICIES, DISCLAIMERS, ACKNOWLEDGMENTS, AND MONETARY CHARGES OF THIS REGISTRATION.		
SIGNATURE			