

SoPAC 2013 Advance Registration Form

American Physical Therapy Association's
 Section on Pediatrics Annual Conference (SoPAC) 2013
 November 8-10, 2013 * Preconference Courses: November 6-7, 2013
 Disneyland Hotel ®, Anaheim, CA
*One Registrant Per Form * Please type or print clearly*

Name _____
First Middle Initial Last Credentials

Nickname for Badge _____ APTA/WCPT Number _____

Institution _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____

E-mail _____ Country _____

_____ Vegetarian?

_____ Special needs? (Please specify: _____)

SoPAC Registration Fees (November 8-10):

Member Type	Early Bird (Ends Sept 15)	Advance (Ends Oct 15)	Daily (Ends Oct 15)	Onsite (Begins Nov 8 in Anaheim)	Onsite Daily (Begins Nov 8 in Anaheim)
*Section on Pediatrics Member / WCPT-IOPTP Member / Section on Pediatrics Partner / AOTA Member	\$440	\$485	\$220	\$535	\$250
PTA Section Member	\$300	\$330	\$150	\$365	\$165
Non-Section APTA Members	\$495	\$545	\$250	\$600	\$275
Non-APTA Members	\$570	\$625	\$260	\$690	\$290
APTA Student / Life Member	\$140	\$155	\$70	\$170	\$80
Group / Corporate Rates (3 or more from same facility)	\$350	\$390	\$175	Not available onsite	Not available onsite
Guest (Exhibit Hall Access Only)	\$90	\$100	\$50	\$120	\$70

*To join the Section on Pediatrics, visit www.apta.org and click on "Join" at the top of the page. If you are not eligible for Section membership, but would like to become a Section Partner, visit www.pediatricapta.org and click on "About the Section," then Section Partners Program.

If you've selected Daily registration, please indicate which day you plan to attend:

- _____ Friday, November 8
 _____ Saturday, November 9
 _____ Sunday, November 10

Names of Guests receiving “Exhibit Hall Only” Registrations:

- 1)
- 2)
- 3)

Preconference Course Fees (optional, November 6-7):

Select Course	Preconference Course Titles	Advance Registration Cost for SoPAC participant	Advance Registration Cost for non-SoPAC participant	Onsite Registration Cost
	<i>2-Day Course (14 contact hours):</i> Clinical Instructor Education & Credentialing Program	\$90 (APTA member) \$180 (non-APTA, PT/PTA) \$230 (non-PT/PTA)	same	Not available onsite
	<i>2-Day Course (14 contact hours):</i> NDT 2013	\$370	\$410	\$450
	<i>2-Day Course (14 contact hours):</i> Functional Electrical Stimulation (FES) in Pediatrics: On the Road to Personalized Intervention	\$370	\$410	\$450
	<i>1-Day Course (7 contact hours):</i> Clinical Reasoning in Educational Practice: Creating a Collaborative and Inclusive School Setting	\$275	\$310	\$350
	<i>1-Day Course (7 contact hours):</i> Childhood Obesity: Role of Physical Therapy	\$275	\$310	\$350
	<i>½-Day Course (4 contact hours):</i> Power Wheels Workshop 2013: Build a Basic or Beyond Basic Racecar for Radical Mobility*	\$125	\$150	\$200

* If you plan to attend **Power Wheels Workshop 2013**, please select one:

Select	Options	Additional Cost
	I plan to bring a car to adapt	\$0
	I would like to build an adapted car to take home with me	\$100
	I just want to learn to adapt a car	\$0

Donation Options:

Donation Amount (please indicate the amount)	Optional Donation Opportunities
	Sponsor a Family to Attend SoPAC: If you would like to help dreams come true for a family with special needs
	Buy Back the Title: If you would like to help the Section purchase the journal title

\$_____ SoPAC Registration Fees

\$_____ Preconference Course Fees

\$_____ Optional Donation

\$_____ TOTAL AGREEMENT AMOUNT

Payment

You can register online at www.sopac.us, or you can mail this registration form with your check or credit card information to:

**Section on Pediatrics, APTA
Attn: Component Registrar, SoPAC
1055 North Fairfax St, Suite 205
Alexandria, VA 22314-1488**

If possible, please also include a copy of the printed Schedule at a Glance (www.sopac.us under See What SoPAC Has to Offer), with your chosen sessions marked, so we can plan room sizes accordingly.

For credit card payment, charge my: ___ MasterCard ___ Visa ___ American Express

Card Number _____ Exp Date _____

Print Cardholder's Name _____ Daytime Phone: _____

Cardholder's Billing Address _____

Signature: _____

*Those paying by credit card may also register by phone by calling the Component Registrar at 800/999-2782, ext 3155.

Checks should be made payable to: **Section on Pediatrics, APTA**

This application must be received with payment in full. Early-bird Registration must be postmarked by **September 15**; Advance Registration by **October 15**, 2013.

Refund Policy: If you need to cancel your registration, please send a request in writing to the above address by October 30, 2013, and allow 4 weeks for reimbursement (minus a \$100 processing fee). No refunds will be allowed after this date.