



# IN-PERSON REGISTRATION

**2026 Summer Conference**  
August 16-21, 2026

**(\*) Required fields** – NCAPA may document the conference for promotional purposes. Your participation and your guests may be filmed or photographed at this event. Your registration is your consent for use of these images and recordings.

\*Name: \_\_\_\_\_

\*Designation (for general tracking purposes):  PA  NP  MD  DO  OTHER (including PA Students)

Title (if different than designation): \_\_\_\_\_

\*Company: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Email (for PA Students, must end in .edu): \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*Company: \_\_\_\_\_ \*Specialty: \_\_\_\_\_

**NOTE: Beginning in 2026, fees for registering onsite will increase. NCAPA encourages attendees to register before the conference dates.**

ATTENDEE REGISTRATION	EARLY BIRD Postmarked by May 31, 2026	REGULAR
NCAPA MEMBER	\$550 <input type="checkbox"/>	\$650 <input type="checkbox"/>
NON-MEMBER	\$725 <input type="checkbox"/>	\$825 <input type="checkbox"/>
STUDENT (Must be a non-practicing provider and attending a PA program)	\$300 <input type="checkbox"/>	\$300 <input type="checkbox"/>
<b>Add-Ons Available to In-person ONLY</b>		<b>SUBTOTAL: \$</b>
EKG Workshop (MON, 8/17)	\$175 <input type="checkbox"/>	\$
Workshop TBD (TUES, 8/18)	\$175 <input type="checkbox"/>	\$
Workshop TBD (WED, 8/19)	\$175 <input type="checkbox"/>	\$
		\$
1-Year Extended Virtual Access	\$95 + \$7.13 (tax) = <b>\$102.13</b> <input type="checkbox"/>	\$
Printed Binder (must be pre-ordered)	\$75 + \$5.63 (tax) = <b>\$80.63</b> <input type="checkbox"/>	\$
Adult (13 and up) Guest Registration	\$100 each x _____ # of adults =	\$
Child (3-12) Guest Registration	\$50 each x _____ # of children =	
		<b>TOTAL AMT DUE: \$</b>

\*Name on Card (please print): \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

\*Credit Card #: \_\_\_\_\_  Visa  MC  Amex  Discover

\*Exp. Date: \_\_\_\_\_ \*Verification Code (3-digit # on back): \_\_\_\_\_

\*Cardholder Signature: \_\_\_\_\_

**Make checks payable and mail to: NCAPA, 1121 Slater Road, Durham, NC 27703**

**CANCELLATION AND REFUND POLICY:** submit request to [conference@ncapa.org](mailto:conference@ncapa.org)

- Requests made by May 31, 2026, will receive a full refund minus a \$25 administrative fee.
- Requests made by June 30, 2026, will receive a full refund minus a \$100 administrative fee.
- Requests made after July 1, 2026, are subject to full forfeiture of funds.
- A \$25 administrative fee will be applied for any changes to a registration that has already been processed.
- A \$25 fee will be charged for all returned checks.
- Membership dues are non-refundable.