

Spring 2016 Registration Form

☐ Check this box if you need special accommodations due to disability, health concerns, or physical challenges. Please e-mail a written explanation of your needs to education@apic.org

APIC MEMBER ID#: _____

* FIRST NAME _____ MIDDLE INITIAL _____ * LAST NAME: _____

CREDENTIALS/DESIGNATIONS (*License, Highest Degree, Certification*) _____ TITLE _____

EMPLOYER/FACILITY NAME _____

* ADDRESS _____

* CITY _____ * STATE _____ * ZIP/POSTAL CODE _____ COUNTRY _____

* BUSINESS PHONE (*Include Country Code if outside the U.S.*) _____ FAX NUMBER _____

* E-MAIL ADDRESS _____ * = Required

Check the box next to your selection	Location/Dates	Early Member Fee	Early Non-member fee *	Regular Member Fee	Regular Non-member Fee *	Total
EPI 101	<input type="checkbox"/> April 18-20	\$675	\$825	\$825	\$975	\$
EPI 102	<input type="checkbox"/> April 21-23	\$675	\$825	\$825	\$975	\$
EPI 101 and EPI 102 Bundle	<input type="checkbox"/> April 18-23	\$1,150	\$1,300	\$1,450	\$1,600	\$
ASC 101	<input type="checkbox"/> April 18-20	\$675	\$825	\$825	\$975	\$
ASC 102	<input type="checkbox"/> April 21-23	\$675	\$825	\$825	\$975	\$
ASC 101 and ASC 102 Bundle	<input type="checkbox"/> April 18-23	\$1,150	\$1,300	\$1,450	\$1,600	\$
Advanced Education for the IP	<input type="checkbox"/> April 21-23	\$675	\$825	\$825	\$975	\$
* If you register at the nonmember rate, you will receive a complimentary 1-year APIC membership						Total Fees \$

EARLY REGISTRATION DEADLINE

March 7, 2016

TO REGISTER

FAX form to: **202-454-2590**

MAIL with payment to:
APIC Courses, 1275 K Street, NW, Suite 1000
Washington, DC 20005-4006

Questions?

Call APIC at **800-650-9570**
or Email education@apic.org

Substitutions: All substitution requests must be received by APIC Headquarters in writing (fax or e-mail) prior to the start of the course. In some cases (emergencies) registration fees can be transferred to another course within the same calendar year.

Cancellations: All cancellation requests must be received by APIC Headquarters in writing (fax or e-mail) prior to the start of the course. A \$75 cancellation fee will be assessed if the request is received on or before the early registration deadline. A \$100 cancellation fee will be assessed if the request is received after the early registration deadline. Please submit cancellation requests to education@apic.org or fax to 202-454-2590. No refunds for cancellations received after course start date. No-shows are non-refundable. Substitutes are allowed.

PAYMENT INFORMATION:

(Registration guaranteed upon receipt of payment.)

- ☐ **Check is enclosed**
(Payable to APIC in U.S. dollars from a U.S. bank)
- ☐ **Please charge my:**
- ☐ Visa ☐ MasterCard ☐ AMEX
- ☐ Government credit card

CARD # _____ EXP DATE _____

CARDHOLDER NAME (PRINTED) _____

CARDHOLDER SIGNATURE _____