2017 National Clinical Conference Registration Form

APWCA
AMERICAN PROFESSIONAL WOUND CARE ASSOCIATION

CONTACT INFORMATION

☐ Dr. ☐ Mr. ☐ Ms. ☐ Jr. ☐ Sr. ☐ III ☐ IV ☐ V

First Name | Middle Name | Last Name | APWCA Crendentials

Degree ☐ DO ☐ DPM ☐ LPN ☐ MD ☐ NP ☐ PA ☐ PharmD ☐ PhD ☐ PT ☐ RN ☐ Other _____

Title | Company | Address 1 | Address 2

City | State/Province | Zip/Postal Code | Country

Email | Work Phone | Mobile Phone | Fax

☐ No ☐ Yes

Wound Care Certified | Dietary Restrictions

Clinical Specialty:

☐ Burns/Trauma Medicine	☐ Dermatology	☐ Family Practice	☐ Geriatric Medicine
☐ Hyperbaric Medicine	☐ Internal Medicine	☐ Nursing	☐ Occupational/Physical Therapy
☐ Pathology	☐ Pedorthic	☐ Plastic Surgery	☐ Podiatry
☐ Surgery - General	☐ Vascular Surgery	☐ Wounds - General	☐ Other _____

REGISTRATION RATES

PRE-CONFERENCE

	APWCA Member	Non-Member
Sept 7 - Review Course		
01 Comprehensive Review Course	$250 ☐	$300 ☐

NATIONAL CLINICAL CONFERENCE

	APWCA Member	Non-Member
Sept 7-9 - Hands-On Workshops, Conference Sessions & Exhibit Hall		
11 Physician	$375 ☐	$475 ☐
12 Non-Physician	$325 ☐	$400 ☐
13 Student/Resident	$150 ☐	$200 ☐
14 Industry	$400 ☐	$500 ☐

FULL PACKAGE

	APWCA Member	Non-Member
Sept 7-9 - Review Course, Hands-On Workshops, Conference Sessions & Exhibit Hall		
21 Physician	$625 ☐	$775 ☐
22 Non-Physician	$575 ☐	$700 ☐
23 Student/Resident	$400 ☐	$500 ☐
24 Industry	$650 ☐	$800 ☐

PAYMENT INFORMATION

☐ Payment by Check

Payable to: APWCA, a 501(c)(6) nonprofit organization

☐ Payment by Credit Card

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Card Number: _____

Exp. Date: _____

Security Code: _____

Cardholder Name: _____

Signature: _____