PPS 2020 ANNUAL
Conference & Exposition
REGISTRATION FORM

Join Us

2020 PPS ANNUAL CONFERENCE AND EXHIBITION

Washington, DC | GAYLORD NATIONAL HARBOR | **OCT 28-31, 2020**

PRIVATE PRACTICE SECTION OF THE APTA

Please complete this form in its entirety to ensure accurate processing. Full payment must accompany your registration. Registrations are processed on a first-come, first-serve basis. To register more than 3 from the same practice, please copy this form for registrants 4+ and submit both forms at one time.

Part 1. Participant Registration Information

Practice/Organization: _____

_____

Email for confirmation of all attendees: _____

Registrant 1

First Name: _____ MI: _____

Last Name: _____ Birth Year: _____

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Contact: _____ Phone: _____

CEU Email: _____
☐ Yes, I agree to share my email address with exhibitors

APTA Member ID Number _____

Subscriber Administrator Number: _____

Is this your first time attending the PPS Annual Conference? ☐ Yes ☐ No

How did you learn about this conference? ☐ IMPACT ☐ Email from PPS
☐ Other APTA Section ☐ Colleague ☐ Vendor ☐ School ☐ Other

How long have you been in Private Practice? ☐ 0 - 3 Years ☐ 3 - 5 Years
☐ 5 - 10 Years ☐ 10 - 20 Years ☐ 20+ Years ☐ I do not work in private practice

What is your Practice's Primary Type? ☐ Geriatrics ☐ Pediatrics ☐ Ortho/Sports
☐ Pelvic Health/Women's Health ☐ Wellness/Fitness ☐ Pain Management
☐ Other (please explain) _____

Approximately what percentage of your practice is cash-based?
☐ 100% Cash Based ☐ Over 50% ☐ Under 50% ☐ No cash-based business

What is your Practice's Primary Setting?
☐ Solo Practitioner ☐ Multi-location: 2-5 clinics ☐ Multi-location: 6-10 clinics
☐ Multi-location: 11-25 clinics ☐ Multi-location: 26-50 clinics ☐ More than 50 clinics
☐ Other (please explain) _____

Are you the Owner or a Staff Member?
☐ Owner/Partner ☐ PT/PTA Staff ☐ Administrator/Practice Manager
☐ Do not work in Private Practice ☐ Other (please explain) _____

Photo Release

☐ Please read the following and check the box.
Consent to Use Photographic Images
I understand that I may be the subject of photographs or videos that will be taken during this meeting, and that they will be included into PPS's stock files. I agree that the photographs or videos shall be the sole property of PPS, with full right of lawful disposition in any manner. By registering for this meeting, I hereby grant PPS permission to photograph or video record me during activities and to use the photographs or video in PPS audio-visual and printed materials without compensation or approval rights.

Registrant 2

First Name: _____ MI: _____

Last Name: _____ Birth Year: _____

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Contact: _____ Phone: _____

CEU Email: _____
☐ Yes, I agree to share my email address with exhibitors

APTA Member ID Number _____

Subscriber Administrator Number: _____

Is this your first time attending the PPS Annual Conference? ☐ Yes ☐ No

How did you learn about this conference? ☐ IMPACT ☐ Email from PPS
☐ Other APTA Section ☐ Colleague ☐ Vendor ☐ School ☐ Other

How long have you been in Private Practice? ☐ 0 - 3 Years ☐ 3 - 5 Years
☐ 5 - 10 Years ☐ 10 - 20 Years ☐ 20+ Years ☐ I do not work in private practice

What is your Practice's Primary Type? ☐ Geriatrics ☐ Pediatrics ☐ Ortho/Sports
☐ Pelvic Health/Women's Health ☐ Wellness/Fitness ☐ Pain Management
☐ Other (please explain) _____

Approximately what percentage of your practice is cash-based?
☐ 100% Cash Based ☐ Over 50% ☐ Under 50% ☐ No cash-based business

What is your Practice's Primary Setting?
☐ Solo Practitioner ☐ Multi-location: 2-5 clinics ☐ Multi-location: 6-10 clinics
☐ Multi-location: 11-25 clinics ☐ Multi-location: 26-50 clinics ☐ More than 50 clinics
☐ Other (please explain) _____

Are you the Owner or a Staff Member?
☐ Owner/Partner ☐ PT/PTA Staff ☐ Administrator/Practice Manager
☐ Do not work in Private Practice ☐ Other (please explain) _____

Registrant 3

First Name: _____ MI: _____

Last Name: _____ Birth Year: _____

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Contact: _____ Phone: _____

CEU Email: _____
☐ Yes, I agree to share my email address with exhibitors

APTA Member ID Number _____

Subscriber Administrator Number: _____

Is this your first time attending the PPS Annual Conference? ☐ Yes ☐ No

How did you learn about this conference? ☐ IMPACT ☐ Email from PPS
☐ Other APTA Section ☐ Colleague ☐ Vendor ☐ School ☐ Other

How long have you been in Private Practice? ☐ 0 - 3 Years ☐ 3 - 5 Years
☐ 5 - 10 Years ☐ 10 - 20 Years ☐ 20+ Years ☐ I do not work in private practice

What is your Practice's Primary Type? ☐ Geriatrics ☐ Pediatrics ☐ Ortho/Sports
☐ Pelvic Health/Women's Health ☐ Wellness/Fitness ☐ Pain Management
☐ Other (please explain) _____

Approximately what percentage of your practice is cash-based?
☐ 100% Cash Based ☐ Over 50% ☐ Under 50% ☐ No cash-based business

What is your Practice's Primary Setting?
☐ Solo Practitioner ☐ Multi-location: 2-5 clinics ☐ Multi-location: 6-10 clinics
☐ Multi-location: 11-25 clinics ☐ Multi-location: 26-50 clinics ☐ More than 50 clinics
☐ Other (please explain) _____

Are you the Owner or a Staff Member?
☐ Owner/Partner ☐ PT/PTA Staff ☐ Administrator/Practice Manager
☐ Do not work in Private Practice ☐ Other (please explain) _____

Part 2. Registration Fees

Registrant 1

Registration Category: _____

Conference Fee: $ _____

Pre-Conference Workshop

☐ **Payment and Reimbursement 2020**

Pre-Conference Fee: $ _____

Non-Industry Guest: $ _____

Registrant 2

Registration Category: _____

Conference Fee: $ _____

Pre-Conference Workshop

☐ **Payment and Reimbursement 2020**

Pre-Conference Fee: $ _____

Non-Industry Guest: $ _____

Registrant 3

Registration Category: _____

Conference Fee: $ _____

Pre-Conference Workshop

☐ **Payment and Reimbursement 2020**

Pre-Conference Fee: $ _____

Non-Industry Guest: $ _____

TOTAL: $ _____

Registration Category Descriptions & Fees

Registration Categories	Pre-Conference: Payment and Reimbursement 2020	Conference Fee until 8/7/20	Conference Fee until 9/25/20	Conference Fee until 9/25/20 or onsite
New PPS Member (joined after 11/15/19)	$50	$655	$715	$780
PPS Member	$50	$810	$885	$965
APTA, Non PPS Member	$50	$1,140	$1,245	$1,355
Administrators Network Practice Administrator	$50	$810	$885	$965
Non Administrators Network Practice Administrator **includes 1 year membership to Administrators Network	$50	$860	$935	$1,015
Non APTA Member	$350	$1,305	$1,420	$1,545
Student	$50	$355	$415	$475
Exhibit Hall Only	$350	$325	$355	$385
Non-Industry Guest*	--	$450	$450	$450

*Includes limited access.

Part 3. Payment

By registering for this event, I understand that my attendance and participation could pose a risk of exposure to COVID-19 or other contagious or infectious disease to me. I freely assume any risk of harm or injury to me that my attendance or participation in the event may cause, and I release PPS from all liabilities, costs, and damages that I may incur thereby.

Full payment must accompany your registration.
Registrations are processed on a first-come, first-serve basis.
Registrations will not be accepted without payment.

☐ **Check Enclosed** (make payable to PPS)
If you choose to pay by check, cash, or money order, please mail your registration form along with your payment to:

Private Practice Section, APTA
PPS Registration Office
PO Box 65
Huntingtown, MD 20639

CANCELLATIONS AND REFUNDS: All registration cancellations and refund requests must be made in writing by October 15, 2020. A refund of the full conference fee will be given for cancellations received by that date.

No refunds will be granted for requests postmarked after October 15, 2020. PPS regrets that refunds will not be given for no-shows.

All requests for exceptions to the cancellation/refund policy must be submitted in writing by the registrant with appropriate documentation no later than October 15, 2020. After that time, no refund considerations will be made. Refund requests should be submitted to trish.strong@ kcimeetings.com.

SUBSTITIONS: Substitutions within this program are glady accepted. A subsitution of your full registration is permitted prior to the conference by submitting a written request to trish.strong@kcimeetings.com. Onsite transfers must be accompanied by proof of the original conformation letter.

First Time Attendee and New PPS Member:
(joined after November 15, 2019):
A Physical Therapist member in good standing of the Private Practice Section that is attending a PPS Annual Conference for the first time and joined after November 15, 2019

PPS Member:
Member in good standing of the Private Practice Section.

APTA, Non-PPS Member:
Member in good standing of APTA who does not hold membership in the Private Practice Section.

Non-APTA Member:
A Physical Therapist who is not a member of APTA.

Administrators Network Practice Administrator:
Non-PT practice administrators who subscribe to the PPS Administrators Network Program.

Non Administrators Network Practice Administrator:
Non-PT serving as a practice administrator for a PPS member and who is not in the PPS Administratirs Network program.

Student:
Non-PTs styding physical therapy.

Please Note:
If you are a PT working as a practice administrator, you must register in one of the PT registration categories above, regardless of the position you hold within the practice.

Registration Policies:
Registrants must adhere to the categories listed for registration to the annual conference. All admissions will be qualified by PPS once submitted and if the category a registrant selects does not match, a PPS staff member will be in touch with the registrant to discuss the difference in payment due. Registrant Fees for PTs, Practice Administrators and Students include:
- Entrance to all Conference Educational Programs
- Conference Material
- Advance access to Educational Session Presentation handouts on the PPS website.
- All food functions:
  -Wednesday President's Welcome Networking Reception
  -Breakfast Thursday, Friday, and Saturday
  -Lunch Thursday and Friday
  -Friday Dinner

Event Tickets:
Individual tickets to social events may be purchased on site at the Conference or you may register your non-industry guest now for $450. This fee includes the following events:
- Wednesday President's Opening Reception
- Thursday Keynote Opening Breakfast
- Thursday Lunch in the Exhibit Hall
- Thursday Reception in the Exhibit Hall
- Friday Lunch in the Exhibit Hall
- Friday Night Closing Dinner Event
- Saturday Closing Breakfast

Exhibit Hall Only:
Entrance to Exhibit Hall ony Thursday and Friday during official exhibit hours. Exhibit Hall reigistrants will not have access to educational programming or social events outside the exhibit hall.

Pre-Conference Workshops Registration:
Registration for the Pre-Conference Workshop is an additional fee. Attendance is limited. We strongly encourage early registration to guarantee your place.

Group Discounts:
A discount of $150 off the registration fee is available for the 3rd or more registrant. Registrants much register at the same time to be eligible for discounted rates. For more details please call the PPS conference line at 301-674-9586.

2020 PPS ANNOUAL CONFERENCE & EXHIBITION
Washington, DC | GAYLORD NATIONAL HARBOR | **OCTOBER 28–31, 2020** | WWW.PPSAPTA.ORG