Drexel University
Physician Assistant Program
14th Annual Physician Assistant Board Review Course
April 18-21, 2013
Radisson Plaza-Warwick Hotel Philadelphia, PA

To register, complete this form and mail with payment to Drexel University. One form per person; you may photo copy this form. If you need special accommodations, due to a disability, call us at (215)762-7136. We will attempt to meet needs presented at the last minute, but 2 weeks notice will be appreciated.

Drexel University reserves the right to photograph, videotape or record conference participants and to publish their likenesses in University publications, video or other academic, educational or promotional materials.

Although rarely necessary, we reserve the right to substitute faculty. Faculty are well qualified to speak in their area of expertise. The views expressed by them are not necessarily those of Drexel University.

FULL PAYMENT IS REQUIRED PRIOR TO THE START OF THE CONFERENCE

First Name _____ M.I. _____ Last Name _____

List Credentials _____ Title _____

Home Address _____

City/State/Zip _____

Home/Cell Phone _____ Work Phone _____ E-mail address (Required) _____

Review Course Schedule: Thursday, April 18 - Sunday, April 21, 2013

I will attend the following day(s) □ Thur □ Fri □ Sat □ Sun

Early Bird (**postmarked by 3/19/13**) $475 (Based on 4 Day Registration) _____

Regular (**postmarked after 3/19/13**) $550 (Based on 4 Day Registration) _____

On-Site @ the conference $625 _____

One Day Registration (Please √): $120 _____

PA Student weekend rate (Sat/Sun Only)$125 _____

Student weekend rate is only available for students currently enrolled in a PA Program.
Proof of student status (Letter from PA Program Director) will be required at on-site registration.

Conference Syllabus (**Printed Format**) $30 **(deadline March 30th)** _____

In support of Drexel University's "green" initiative

A week prior to the conference, the syllabus will be available online. Instructions on how to view the syllabus online will be provided by email. Presentations may be printed by the attendees prior to attending board review course. Printers will not be available at the board review course.

Payment Method: √ form of payment (U.S. currency only) below.

Review Course Fee: $_____

Review Course Syllabus (Printed Format Option Only) $_____
(Pre-Ordering by March 30th is suggested).

Total Amount Enclosed $_____

□ Check Checks made payable to Drexel University
□ Charge my VISA/MASTERCARD/DISCOVER Number as given:

Card#: _____ Exp. Date: _____

Cardholder's Name: _____

EASY WAYS TO REGISTER:

ON-LINE Visit us at:
www.drexel.edu/cne

Mail Registration form with payment to:
Drexel University, CNHP
Physician Assistant Program
Mail Stop #504
245 North 15th St.
Philadelphia, PA 19102

UPS/FedEx
Drexel University, CNHP
Continuing Nursing Education
1505 Race Street, Bellet Building
2nd Flr. Room 204
Philadelphia, PA 19102
Attn: Elizabeth Diaz, Registrar

FAX registration form with credit information to:
(215) 762-8876

PHONE with Credit Card in hand to:
(215) 762-7136

REFUNDS:
A $100.00 Administration fee will be charge for 4 day conference
$75.00 for 3 day conference
$50.00 for 2 day conference
$25.00 for 1 day conference
Telephone or email requests will be honor up to four business days before the start of the conference and must be confirmed in writing. If cancellation occurs within three business days prior to the start of the conference a refund will not be available. If you need to cancel your registration, please email Tonya Jackson, Course Administrator at tj28@drexel.edu with your request or call 215-762-7136.

Please Note: A $50.00 administrative fee will be charged for any returned checks due to insufficient funds.

OFFICE USE ONLY:

Date Rec'd_____

Amt. Rec'd_____

Fee Not Rec'd_____

Form of Payment:_____

PC HC CS MO P.O. V MC DC V/MC/DIS/ GC GOV

MC: 11/12