



The Institute for Leadership in Physical Therapy
 Lead Wherever You Are:
 Becoming a Personal Leader (C1)

2010 C1 Conference Registration Form

Registrant Information

Please print or type legibly

Name _____ APTA Member ID # _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Alternate Phone _____

Email _____ Fax _____

Type of Degree

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Baccalaureate | <input type="checkbox"/> DPT |
| <input type="checkbox"/> Post-Baccalaureate Certificate | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Entry-level Masters | _____ |

Number of Years in Practice _____

Place of Employment _____

Type of Setting

- | | |
|--|--|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Private Outpatient Office or Group Practice |
| <input type="checkbox"/> Acute Care Hospital | <input type="checkbox"/> Research Center |
| <input type="checkbox"/> Health and Wellness Facility | <input type="checkbox"/> School System |
| <input type="checkbox"/> Health System or Hospital Based Outpatient Facility or Clinic | <input type="checkbox"/> SNF/ECF/ICF |
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Sub-Acute Rehab Hospital |
| <input type="checkbox"/> Industry | <input type="checkbox"/> Other _____ |
| | _____ |

Please note that if you registered for the Leadership Self-Assessment previously, you do not need to respond again to the following questions.

Please list any professional leadership experiences you have had to date:

Why are you interested in developing as a leader?

What is the main goal you are trying to achieve through participation in this conference?



Payment Information
Payment is due at time of registration
Please make checks payable to "HPA".



Registration Fees
check the applicable fee

<u>Membership Type</u>	<u>Early - Before 8/13/2010</u>	<u>Late - After 8/13/2010</u>
HPA Section Member	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$350.00
APTA Member (Non-HPA Member)	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$400.00
Non-APTA Member	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$575.00

If paying by credit card, ALL information below is REQUIRED

Check Visa Mastercard

Credit Card # _____ CVN Code on Card _____

Name on Credit Card _____ Expiration Date _____

Billing Address for Credit Card _____
(if different from address at the top of the form)

Credit Card Owner Signature _____

Special Accommodations? Please check here if you have any special accessibility needs for this conference and we'll follow up with you for arrangements.

Please return this completed registration form and payment to HPA:

By Mail C1 Conference Registration
 Section on Health Policy & Administration
 PO Box 4553
 Missoula, MT 59806-4553

By Fax **866-861-4675**

Registration Confirmation
Registration confirmations and conference details will be sent to registrants via email beginning August 13, 2010.

You may also register online using a credit card through the LAMP page (under the Education/Conferences menu) of the HPA website www.apta.hpa.org

Preconference Work Required

Registrants for C1 will be given an access code in an email registration confirmation. This code will provide access to the **required** preconference preparatory work. All information and instructions will be downloadable.

Hotel & Travel - details are available from the HPA website

Registrants are responsible for making their own travel and hotel arrangements. HPA has a block of rooms at a special rate reserved through the Best Western Widener Hotel. Details, as well as a link for the hotel, are available from the HPA website: www.apta.hpa.org.



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