

# Flying Physicians Association 67th Annual Meeting 2022 Annual Meeting Registration Form

Register by mailing form with check; use credit card online [www.fpadrs.org](http://www.fpadrs.org)

New Member    First-time attendee    Life Member    Honorary Member    Non-member

Professional Member Name \_\_\_\_\_  
Last (Family)                      First                      Middle Initial/Name

Title  MD    DO    Other (Specify) \_\_\_\_\_    Specialty: \_\_\_\_\_    Request CME  Yes    No

Preferred name or nickname on badge \_\_\_\_\_    E-mail \_\_\_\_\_

Preferred Mail Address \_\_\_\_\_

City \_\_\_\_\_    State/Province \_\_\_\_\_    Zip/postal code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Emergency contact name and phone number \_\_\_\_\_

Spouses and family members are expected to register if attending the meeting functions. To receive a name badge, please provide names/ages of children below. ALL GUESTS/FAMILY MEMBERS over 17 register at adult guest rate.

REGISTERED Spouse/Partner Name \_\_\_\_\_    Prof. title: \_\_\_\_\_    CME requested?  Yes    No

Guest/Child Information (Provide professional title if applicable) FPA USE ONLY

Name \_\_\_\_\_    CME requested  Yes    No    Age if under 18 \_\_\_\_\_

Name \_\_\_\_\_    CME requested  Yes    No    Age if under 18 \_\_\_\_\_

Name \_\_\_\_\_    CME requested  Yes    No    Age if under 18 \_\_\_\_\_

Name \_\_\_\_\_    CME requested  Yes    No    Age if under 18 \_\_\_\_\_

Name \_\_\_\_\_    CME requested  Yes    No    Age if under 18 \_\_\_\_\_

REGISTRATION FEES	On or Before February 15	Feb. 16 – April 20	April 21 – May 30		AMOUNT
Package A: Member with spouse or guest	\$999	\$1250	\$1400		\$ _____
Package A: Family Members/Guests 5-17 years	\$250	\$395	\$400	# ___ x \$ ___ each =	\$ _____
Package A: Family Members/Guests 18 and over	\$375	\$450	\$525	# ___ x \$ ___ each =	\$ _____
Package A: Non-member with spouse or guest	\$1300	\$1450	\$1550		\$ _____
Package B: Member only (1 person)	\$750	\$795	\$875		\$ _____
Package B: Family Members/Guests 5-17 years	\$250	\$375	\$425	# ___ x \$ ___ each =	\$ _____
Package B: Family Members/Guests 18 and over	\$375	\$450	\$525	# ___ x \$ ___ each =	\$ _____
Package C: General Sessions ONLY Attendee only – 4. Sessions Welcome and Awards Luncheon NOT included	\$600	\$750	\$825		\$ _____
Package D: 1-day/s 1-person* Welcome and Awards Luncheon NOT included	\$200	\$275	\$325	#Days ___ x \$ ___ each = Circle day/s attending Mon ___ Tue ___ Wed ___ Thu	\$ _____

**\*Attention: Please note the 1-day option of Package D is nonrefundable and cannot be exchanged for another registration option.**

**PACKAGES A and B** Included for each paid registrant: Welcome Reception, Daily Breakfasts, four session coffee breaks, four Scientific General Sessions, CME Certificate of Attendance, and Thursday Awards Luncheon.

**PACKAGE C** Included for the paid registrant: Breakfasts, Four session coffee breaks, four Scientific General Sessions, CME Certificate of Attendance.

**PACKAGE D** Included for the paid registrant: Breakfast, coffee break & scientific general session on selected day. CME Certificate of Attendance.

Last Name \_\_\_\_\_ page 2

**EXPECTED DAY/DATE OF ARRIVAL**  Wed 5/25  Thurs 5/26  Fri 5/27  Sat 5/28  Sun 5/29

**EXPECTED DAY/DATE OF DEPARTURE**  Fri 5/27  Sat 5/28  Sun 5/29  Mon 5/30  Tues 5/31  Weds 6/1

**EXPECTED ARRIVAL BY**  Personal car  Commercial Air  Train  Private aircraft (complete information below)

Please check the aircraft IF ARRIVING IN PRIVATE AIRCRAFT and provide Tail Number:

Beech  Cessna  Cirrus  Columbia  Lancair  Maule  Mooney  Piper  Rockwall  Socata  Other\*

OTHER\*, specify \_\_\_\_\_ TAIL NUMBER (required) \_\_\_\_\_

### MEETING CANCELLATION POLICY

Cancellation must be received in writing by mail, fax, or e-mail. Administrative charges based on the cancellation date are:

BEFORE Feb 16	\$25 per person administrative fee
Feb 16 - April 20	\$75 per person administrative fee
April 21 - May 19	\$125 per person administrative fee
May 20 - May 26	50% of total registration fee
<b>After May 26</b>	<b>Registration fees are not refunded.</b>

**ADA COMPLIANCE** The Flying Physicians Association chooses facilities that are ADA compliant. If you have questions or concerns, please contact FPA Headquarters. Please provide a description of special needs here or on a separate sheet: \_\_\_\_\_

**DIETARY NEEDS** Please inform the FPA Headquarters (see contact information below) with special dietary requirements. \_\_\_\_\_

**REGISTER TODAY BY CHECK:** Complete and mail this form with your check or money order to: FPA Annual Meeting, 11626 Twain Drive, Montgomery, Texas 77356.  
**BY CREDIT CARD:** Register online at <http://www.fpadrs.org>. Sign in with your member password.  
For questions, contact the FPA Headquarters: Phone: 936.588.6505, E-mail: [ahenderson@fpadrs.org](mailto:ahenderson@fpadrs.org)