

# Flying Physicians Association 68th Annual Meeting 2023 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)

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 Feb. 17	Feb. 18 – April 20	April 21 –		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 Fri ___ Sat ___ Sun ___ Mon	

**\*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 Monday Awards Luncheon. Pilot Forum on Sunday evening.

**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

**OPTIONAL ACTIVITY:**

Saturday afternoon, June 10, World War II Aviation Museum includes transportation, lunch in hangar, "Doolittle Raider Doc" presentation (David Schall MD) and docent-guided small group museum tours \$70 pp x \_\_\_\_\_ = \$ \_\_\_\_\_ Total

**EXPECTED DAY/DATE OF ARRIVAL**  Wed 6/7  Thurs 6/8  Fri 6/9  Sat 6/10  Sun 6/11

**EXPECTED DAY/DATE OF DEPARTURE**  Fri 6/9  Sat 6/10  Sun 6/11  Mon 6/12  Tues 6/13  Weds 6/14  Thurs 6/15

**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 17 \$25 per person administrative fee
- Feb 18 - April 20 \$75 per person administrative fee
- April 21 - May 19 \$125 per person administrative fee
- May 20 - June 2 50% of total registration fee
- After June 2 Registration fees are not refunded.**

**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)