

CONFERENCE REGISTRATION

VISION 2020

September 22-24, 2020

PAYMENT MUST BE INCLUDED WITH REGISTRATION. The form must be completed in its entirety and submitted with payment. Continuing Education (CE) payment **MUST** be included with this registration form. **Registrations submitted without full payment are not complete and individuals will not be registered.**

Quick and secure credit card registration is available from the RCPA conference website at www.rcpaconference.org. Registering online saves processing time and instantly confirms your place at conference. Online registration closes September 18 at 5:00 pm. Registrations with credit card information included may be faxed to 717-364-3287.

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

CONFERENCE ATTENDANCE

- Full Conference (Tuesday – Thursday) Tuesday only Thursday only
 Wednesday only

CONFERENCE FEE SCHEDULE (Please enter appropriate rate in the calculation field below.) Member rates are available to those individuals who work for an RCPA member organization that has paid its 2020/21 membership dues.

REGULAR CONFERENCE RATES

	Full Conference	Tuesday, Wednesday, OR Thursday
RCPA Member	\$300	\$160
Non-Member	\$425	\$220
Consumer & Family	\$100	\$50

CONFERENCE REGISTRATION (CONT'D)

FEE CALCULATIONS

\$ _____ Conference Fee (from previous page)
 \$ _____ CE Fee (add \$50 per CE type, if desired; ethics certificates are not a separate fee)
 \$ _____ Conference Presenter Discount (*if attending Full Conference only – \$70*)
 \$ _____ **Total Due**

CANCELLATIONS

No refunds will be issued after September 10. Refunds issued prior to that date are assessed a \$100 cancellation fee. Substitutions are permitted. Please notify RCPA in writing, ATTN: [Tieanna Lloyd](#), prior to September 10, of any substitutions.

PAYMENT METHOD

Paying with MasterCard or Visa? Consider using our quick and secure online registration to save processing time and instantly confirm your place at conference!

- Check
- Credit Card

Card Number _____ - _____ - _____ - _____
 Expiration Date _____ / _____ CVV # _____ Billing Zip Code _____
 Cardholder's Name _____
 Cardholder's Signature _____

Questions regarding registration or other components of the conference should be directed to [Tieanna Lloyd](#), Conference Registrar.



Remit registration and payment to:
 Rehabilitation and Community Providers Association
 Attn: Tieanna Lloyd, Conference Registrar
 777 E Park Dr, Ste G4
 Harrisburg, PA 17111-2754
 Fax 717-364-3287