IOWA PA SOCIETY SPRING CME REFRESHER I APRIL 13-14, 2026

Name _____

Preferred Name for Badge _____

Title _____

Clinic _____

Work Address _____

Work City/State/Zip _____

Work Phone _____ Cell Phone _____

☐ I am opting in to receiving text messages from IPAS & understand that SMS/data rates from my carrier may apply.

Email _____ AAPA# _____

Emergency Contact Name: _____ Phone: _____

SPECIAL DIETARY NEEDS: _____

_____

SPECIALTY:

☐ Dermatology ☐ Emergency Medicine ☐ Family Medicine ☐ General Surgery ☐ Internal Medicine
☐ Internal Medicine Subspecialty ☐ Primary Care ☐ Psychiatry and Behavioral Medicine ☐ Surgical Subspecialty
☐ Women's Health ☐ Other: _____

NUMBER OF YEARS IN PRACTICE:

☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-25 ☐ 26-35 ☐ 36+

REGISTRATION FEES, PLEASE CHECK ONE:

Participants may register for either or both days.

☐ **IPAS Member**	☐ **Out of State AAPA Member**	☐ **Non-Member**	☐ **Military Rate**	☐ **IPAS Student Member**
Full Conf. $325	Full Conf. $330	Full Conf. $425	Full Conf. $415	Full Conf. $100
One Day $225	One Day $225	One Day $295	One Day $285	One Day $65
☐ Mon. or ☐ Tues.	☐ Mon. or ☐ Tues.	☐ Mon. or ☐ Tues.	☐ Mon. or ☐ Tues.	☐ Mon. or ☐ Tues.

NEED TO RENEW YOUR MEMBERSHIP? ADD IT ON TO YOUR CONFERENCE REGISTRATION!

Your membership can be renewed now for the year 2025-2026 membership (Oct 1, 2025 - Sept 30, 2026

☐ Fellow (PA who is a member of AAPA and works in IA)	$160	☐ Associate Nurse Practitioner (Advanced Registered NP)	$160
☐ Affiliate (PA who is not an AAPA member and works in IA)	$160	☐ Student	$25
☐ Associate (Not working as a PA, or lives & works outside IA)	$60	☐ Graduate	$75
☐ Retiree (Retired PA who wants to stay current)	$60		

HOW DID YOU HEAR ABOUT OUR CONFERENCE?

☐ Emails ☐ IPAS Website ☐ Hard Copy Mailings ☐ Friend ☐ Colleague/Clinic ☐ Facebook ☐ Instagram

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PLEASE MAKE CHECKS PAYABLE TO IPAS
AND MAIL WITH THIS FORM TO:
Iowa Physician Assistant Society
400 East Court Avenue, Suite 126. Des Moines, Iowa 50309

IF PAYING BY CREDIT CARD:
You may register online at: www.iapasociety.org
IPAS Tax ID 42-1114650

Conference Registration Fee _____

Membership Renewal Fee _____

Total Amount Enclosed _____

y submitting this form, I understand and agree that IPAS will have my contact details for the purpose of processing my information and ensuring full participation in this event. For a complete privacy policy, contact the IPAS office.

On an event by event basis, we share a portion of attendee information with our conference participants which may include speakers, attendees, and conference supporters. This provides a valuable networking tool to all those involved. This information includes your name, clinic/workplace name, city, state, and email provided on your registration form. If you would like to opt out of this document, please email the IPAS office so we may note your preference and omit you from this conference benefit.