

IPAS Conference Registration Form | Healthcare in the Heartland

Oct. 20-21, 2025 | Highlander Hotel - Iowa City, Iowa

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 may apply from my carrier.

Email _____ AAPA # _____

Dietary Requests _____

Emergency Contact Information

Emergency Contact Name _____

Relationship _____ Phone Number _____

Specialty

☐ Dermatology ☐ Emergency Medicine ☐ Family Medicine ☐ Internal Medicine

☐ General Surgery ☐ Internal Medicine Specialty ☐ 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.

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> IPAS Member
Full Conf. \$325
One Day \$225
<input type="checkbox"/> Monday <input type="checkbox"/> Tues. | <input type="checkbox"/> Out of State AAPA Member
Full Conf. \$325
One Day \$225
<input type="checkbox"/> Monday <input type="checkbox"/> Tues. | <input type="checkbox"/> Non-Member
Full Conf. \$425
One Day \$295
<input type="checkbox"/> Monday <input type="checkbox"/> Tues. | <input type="checkbox"/> Military
Full Conf. \$415
One Day \$285
<input type="checkbox"/> Monday <input type="checkbox"/> Tues. | <input type="checkbox"/> IPAS Student
Full Conf. \$50
One Day \$25
<input type="checkbox"/> Monday <input type="checkbox"/> Tues. |
|--|---|---|---|---|

Need to Renew Your Membership? Add it Onto Your Conference Registration!

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

- | | |
|---|--|
| <input type="checkbox"/> Fellow (PA who is member of AAPA and works in Iowa) - \$160 | <input type="checkbox"/> Associate Nurse Practitioner (Advanced Registered NP) - \$160 |
| <input type="checkbox"/> Affiliate (PA who is not a member of AAPA and works in Iowa) - \$160 | <input type="checkbox"/> Student - \$25 |
| <input type="checkbox"/> Associate (Not working as PA, or lives & works outside of Iowa) - \$60 | <input type="checkbox"/> Graduate - \$75 |
| <input type="checkbox"/> 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 ☐ Social Media

Please Make Checks Payable to IPAS & Mail With This Form to:

Iowa Physician Assistant Society
400 East Court Ave., Suite 126, Des Moines, Iowa 50309

Conference Registration Fee _____

Membership Renewal Fee _____

If Paying by Credit Card - Register Online: iapasociety.org

IPAS Tax ID: 42-1114650

= Total Amount Enclosed _____

By 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 with 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 address provided on your registration form. If you would like to opt out of this document, please email the IPAS office at director@iapasociety.org, so we may note your preference and omit you from this conference benefit.