

# REGISTRATION FORM (AAFP Members)

2017 National Conference of Family Medicine Residents and Medical Students  
Kansas City, Missouri • July 27–29, 2017

Register online at [www.aafp.org/nc](http://www.aafp.org/nc)

## Registration Deadline: June 29

**STOP!** If you are staffing an exhibit booth only, **DO NOT** fill out this form. Exhibitor registration information has been sent to your program.

### Part 1 – Attendee Information

In order to expedite the registration process, please print the following information:

AAFP ID #: \_\_\_\_\_  
Not an AAFP member? Call the Member Resource Center to register at (800) 274-2237.

Registrant's name: \_\_\_\_\_

Nickname for badge (if applicable): \_\_\_\_\_

Degree: \_\_\_\_\_

Name of school or residency **at time of conference**:  
\_\_\_\_\_

Anticipated Medical School Graduation Year or Residency Completion Year: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Country, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email (for confirmation): \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone #: \_\_\_\_\_

### Part 2 – Registration Fees

By June 29 After June 29 One-day Rate\*

Student Member  \$165  \$215  \$140

Resident Member  \$190  \$240  \$165

Physician Member  \$195  \$245  \$170

(001) Spouse/Guest name: \_\_\_\_\_

Year in school/residency **at time of conference** (check one):

One (901)  
 Two (902)  
 Three (903)  
 Four (904)  
 Graduated, not yet matched (905)  
 Not applicable (906)

(907) This is my first time attending National Conference:

(908) I am a recipient of a scholarship or other financial support to attend.

I do not wish to receive pre- and post-conference communications from exhibitors:

(909) Mail  (924) Email

(925) Do not include my name, city, and state in the attendee list published in the mobile app and on the website.

Did you, or are you currently training at an (check one):

(910) Allopathic Medical School  
 (911) International Medical School  
 (912) Osteopathic Medical School  
 (913) N/A

Race (select all that apply)

(971) American Indian or Alaska Native  
 (974) Native Hawaiian or other Pacific Islander  
 (972) Asian  
 (975) White  
 (973) Black or African American  
 (976) Prefer not to answer

Ethnicity

(977) No, not Hispanic/Latino  
 (978) Yes, Hispanic/Latino  
 (979) Prefer not to answer

### Part 3 – Connect with Peers

I plan on attending the following functions:

(914) **Expo Hall Grand Opening**

Exposition Hall | Thursday, July 27 | 5:00 – 8:00 p.m.

*Indicate T-shirt size:*

(915) Small  (917) Large  (919) XX-Large  
 (916) Medium  (918) X-Large

(920) **National Conference Celebration**

Midland Theatre | Friday, July 28 | 8:00 p.m. – 12:00 a.m.



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FAMILY PHYSICIANS



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## Part 4 – Procedural Skills Courses

Find descriptions and restrictions at [www.aafp.org/nc](http://www.aafp.org/nc). All courses are \$90 each. Due to the limited number of seats, please indicate your time preference for each course you would like to attend.

Check appropriate box	11Course #	Course Name	Day	Time	Rank times by preferences
<input type="checkbox"/>	101	Advanced Suturing Techniques	Saturday	8:00 – 11:00 a.m.	
<input type="checkbox"/>	102	Basic Suturing Techniques	Thursday	9:00 a.m. – 12:00 p.m.	
<input type="checkbox"/>	103		Friday	8:00 – 11:00 a.m.	
<input type="checkbox"/>	104	Joint Injections	Friday	9:00 – 11:00 a.m.	
<input type="checkbox"/>	105		Friday	1:00 – 3:00 p.m.	
<input type="checkbox"/>	106		Saturday	8:30 – 10:30 a.m.	
<input type="checkbox"/>	107	Osteopathic Manual Medicine	Thursday	9:00 – 11:00 a.m.	
<input type="checkbox"/>	108	Perineal Laceration Repair	Thursday	1:00 – 4:00 p.m.	
<input type="checkbox"/>	109	Skin Biopsy Techniques	Friday	2:00 – 4:00 p.m.	
<input type="checkbox"/>	110	Women's Health Procedures	Thursday	1:00 – 3:00 p.m.	
<input type="checkbox"/>	111		Friday	1:00 – 3:00 p.m.	

## Part 5 – 2017 National Conference Lapel Pin – \$10

Get your 2017 AAFP National Conference Commemorative Lapel Pin and support your AAFP Foundation. For a minimum donation, you can support AAFP Foundation programs, such as Family Medicine Cares.

(115) 2017 National Conference Lapel pin

Qty: \_\_\_\_\_ @ \$10 each

## Part 6 – Special Needs

If you have a physical requirement which requires accommodation in order to fully participate in this activity during the hours of the program, please indicate below:

(921) Wheel chair accessibility

(922) Hearing impaired

(923) Lactation room

## Part 7 – Total Registration

Total amount due for selections from Part 2 \$ \_\_\_\_\_

Total amount due for selections from Part 4 \$ \_\_\_\_\_

Total amount due for selections from Part 5 \$ \_\_\_\_\_

Total due \$ \_\_\_\_\_

## Part 8 – Method of Payment

Registration forms will be accepted only when accompanied by full payment. To expedite registration processing, credit card payment is preferred. Please print clearly to avoid delay in processing your registration.

MasterCard  Visa  American Express  Discover  Check enclosed

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CW \_\_\_\_\_

Card holder name: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card: Your signature above authorizes the AAFP to charge your credit card for the total amount above. If your registration fees are totaled incorrectly, the AAFP will make the necessary adjustments and charge your credit card accordingly. **Fax form to (913) 906-6075.**

Check: Please make payable to the American Academy of Family Physicians, drawn on a U.S. bank in U.S. dollars, and return form and check to: **AAFP Contact Center, 11400 Tomahawk Creek Parkway, Leawood, KS 66211-2681.**

Cancellation Policy – The AAFP must receive notice of cancellation by July 6. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy at [www.aafp.org/nc](http://www.aafp.org/nc).

Photography and Recording – The AAFP may take photographs and/or record audio and video at this event. By attending, you consent to the use of any photographs, audio, and video recordings of you by the AAFP and its designees in AAFP communications and promotions, or for any other lawful purpose.

If faxing, please include name and daytime phone number: \_\_\_\_\_