

COURSE REGISTRATION

State Legislative Conference

October 27-29, 2016

Hyatt Regency Phoenix • Phoenix, AZ

Register online at aafp.org/slc

PLEASE PRINT

AAFP Member ID #: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Registration (Please check one.)

- AAFP Member
(Active, International, Life, New Physician, Supporting) \$100
- Chapter Executive/Staff \$100
- Physician Nonmember \$200
- Others \$200

Special Needs

If you have physical or dietary restrictions, please mark the appropriate boxes below.

- (950) Vegetarian
- (951) Gluten Free
- (952) Wheelchair Accessibility
- (953) Hearing Impaired
- (954) Lactation Room

OPT IN

- (998) I want to have my name, city and state included in attendee lists.
- (999) I want to be included on the list provided to exhibitors, supporters and in-kind supporters who may provide follow-up communications following the course.

Method of Payment

Enclose check or indicate credit card information for the registration fee. **(Payment is expected to accompany this form.)**

- Visa Mastercard Discover American Express
- Check enclosed (payable to AAFP)

Total due: \$ _____

Card Number _____

Security Code _____

Name on Card _____

Expiration (MM/Y) _____

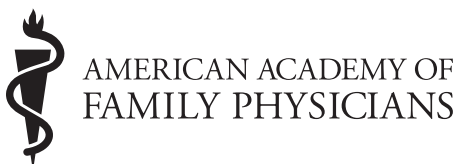
Signature: _____

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.

Cancellation policy — The AAFP must receive notice of cancellation no later than October 6, 2016. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy online at www.aafp.org/cmecancellations.

Have you made your hotel reservation? Hotel information available at aafp.org/slc, or call the hotel at (602) 252-1234. Don't forget the deadline is September 20, 2016.



Return with appropriate payment or call:

American Academy of Family Physicians

Attn: Member Resource Center

11400 Tomahawk Creek Parkway, Leawood, KS 66211

Phone: 800.274.2237 • Fax: 913.906.6075 • E-mail: aafp@aafp.org