

REGISTRATION FORM

Convocation of Practices and Networks

March 7-9, 2008 — Cheyenne Mountain Resort • Colorado Springs, CO

Register online at
www.aafp.org/nrn/convocation

AAFP Member ID #: _____

Name: _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Emergency Contact Name: _____

Emergency Contact Phone # _____

I am an AAFP Network Clinician

I am a member of the Federation of Practice-based
Research Networks

Registration Fees

Option 1 — Attending the conference and staying at Cheyenne Mountain Resort

Registration fee — \$295

Option 2 — Attending and NOT staying at Cheyenne Mountain Resort

Registration fee — \$295

In addition to the registration fee, please indicate what days
you will be attending for light continental breakfast, lunch and
snacks at \$58 per day.

Friday, March 7

Saturday, March 8

Sunday, March 9

TOTAL DUE \$ _____

Opening Reception

(001) Opening Reception

Friday, March 7, 2008

7:00 – 9:00 p.m. Number in party: _____

Special Needs

If you have physical or dietary requirements which require
accommodation in order to fully participate in this activity or
you need special accommodations for breastfeeding during
the hours of the program, please list below.

Please list need: _____

Method of Payment

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

Visa

Mastercard

Discover

American Express

Check enclosed (**payable to AAFP**)

Card Number: _____

Exp Date: _____

Signature: _____

Cancellation policy can be found online at
www.aafp.org/cmecancellations

**Have you made your hotel reservation?
Hotel information available at
www.aafp.org/nrn/convocation or call
the hotel at 800-428-8886. Don't forget
the deadline is January 31, 2008.**



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Return with appropriate payment or call:

American Academy of Family Physicians, Attn: Registration Services
11400 Tomahawk Creek Parkway, Leawood, KS 66211
Phone: 800.274.8043 • Fax: 913.906.6083
E-mail: meetinginfo@aafp.org