

COURSE REGISTRATION

PRACTICE MANAGEMENT FOR THE 21ST CENTURY

August 7-9, 2008 • Hyatt Regency San Antonio
San Antonio, Texas

Register online at
www.aafp.org/courses/practicemanagement

AAFP Member ID #: _____

Name: _____

Nickname for Badge: _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Emergency Contact Name: _____

Emergency Contact Phone # _____

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: _____

Housing Accommodations

Note: It is the registrant's responsibility to make hotel reservations.

- (960) I have made/will make my own reservations at the conference hotel.
- (961) I have made/will make my own reservations at a different hotel.
- (962) I will not need reservations.

Registration Fees

	1-day rate*	2-day rate*	3-day rate on or before 7.1.08	3-day rate after 7.1.08
AAFP Active Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$455	<input type="checkbox"/> \$545	<input type="checkbox"/> \$625
Non Physician Health Professional/Manager	<input type="checkbox"/> \$225	<input type="checkbox"/> \$455	<input type="checkbox"/> \$545	<input type="checkbox"/> \$625
Resident	<input type="checkbox"/> \$165	<input type="checkbox"/> \$335	<input type="checkbox"/> \$405	<input type="checkbox"/> \$465
Nonmember Physician	<input type="checkbox"/> \$335	<input type="checkbox"/> \$685	<input type="checkbox"/> \$815	<input type="checkbox"/> \$935

*If you will be attending a Aug. 7, Aug. 8 or both days, please fax 913.906.6075 or call 800.274.8043 to register for those day(s).

Evening Events

	Price	# Attending	Total
Thursday			
River (001)	\$20 each	_____	\$_____
Dinner & Alamo Tour (002)	\$65 each	_____	\$_____
Friday			
Enchanted Springs Dinner Tour (003)	\$65 each	_____	\$_____

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 — The AAFP must receive notice of cancellation no later than 21 days prior to the first day of the course. 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
www.aafp.org/courses/practicemanagement
or call the hotel at 210-222-1234. Don't forget the
deadline is June 25, 2008.**



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: 913.906.6075 • E-mail: contactcenter@afp.org

04/08