

# AAFP EVENT REGISTRATION

Event Title: \_\_\_\_\_

Reg Type: \_\_\_\_\_

Reg Fee \$ \_\_\_\_\_ (see individual event web page)

Date: \_\_\_\_\_

AAFP Member ID #: \_\_\_\_\_

Name: \_\_\_\_\_

Nickname (badge purposes): \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

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

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

E-mail (REQUIRED): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

**Disclaimer:** If you register for this meeting at the discounted member registration fee, you will be required to be an AAFP member on the date of the meeting. If you are no longer a member on the date the meeting starts, you will be asked to remit payment of the nonmember registration fees that were in place at the time you registered or to reinstate your AAFP membership by paying applicable dues.

## Optional Sessions

(If applicable, please list all sessions you wish to attend.)

Name \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ \$ \_\_\_\_\_

## 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: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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.

**The AAFP must receive notice of cancellation no later than 21 days prior to the start of the meeting. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy online at [www.aafp.org/cmecancellations](http://www.aafp.org/cmecancellations).**

**If you plan to register for more than one event, please make a copy of this form and submit separately.**



Return with 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 • Email: [aafp@aafp.org](mailto:aafp@aafp.org)