

COURSE REGISTRATION

AAFP Global Health Summit

September 16-18, 2020 | Pre-conference September 15

Hyatt Regency Houston • Houston, Texas

For more information or to register online, visit www.aafp.org/ghs.

AAFP Member ID #: _____

Name: _____

Nickname (badge purposes): _____

Degree: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Fax: _____

Email (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Registration Fees

On or Before 7/17/20 After 7/17/20

<input type="checkbox"/> AAFP Member (Active, New Physician, International, Life, Supporting)	\$555	\$605
<input type="checkbox"/> AAFP Resident Member	\$455	\$505
<input type="checkbox"/> Student	\$195	\$195
<input type="checkbox"/> Allied Health Professional (RN, PA-C, NP, etc.)	\$585	\$645
<input type="checkbox"/> Nonmember (Physician, Resident)	\$605	\$655

First-time Attendee

(963) I am a first-time attendee.

Preconference Information

Visit www.aafp.org/ghs for additional information.

(100) **Introduction to Point-of-Care Ultrasound for the Global Health Provider**

Wednesday, September 15 | 1-5 p.m. | \$90

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 meeting.

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/YY) _____

Signature: _____

DISCLAIMERS — The AAFP may take photographs and/or record audio and video at this event. By attending, you consent to the use of 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 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.

CANCELLATION POLICY: The AAFP must receive notice of cancellation no later than August 26, 2020. Requests for full cancellations will be refunded, less a \$50 administrative fee. See the entire policy at www.aafp.org/cancellations.

HAVE YOU MADE YOUR HOTEL RESERVATION?
Hotel information available at www.aafp.org/ghs.
Don't forget the deadline is August 19, 2020.



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
Email: aafp@aafp.org

**Center for Global
Health Initiatives**