

REGISTRATION FORM (AAFP Members)

2018 National Conference of Family Medicine Residents and Medical Students
Kansas City, Missouri • August 2–4, 2018

Register at www.aafp.org/nc.

Registration Deadline: July 6

STOP! If you are staffing an exhibit booth only, **DO NOT** fill out this form. Exhibitor registration information has been sent to your program.

Part 1 – Attendee Information

In order to expedite the registration process, please print the following information:

AAFP ID #: _____
Not an AAFP member? Call the Member Resource Center to register at (800) 274-2237.

Registrant's name: _____

Nickname for badge (if applicable): _____

Degree: _____

Name of school or residency **at time of conference**:

Anticipated medical school graduation year or residency completion year: _____

Address: _____

City, State, Country, ZIP: _____

Phone: _____

Fax: _____

Email (for confirmation): _____

Emergency contact name: _____

Emergency contact phone #: _____

Part 2 – Registration Fees

	By July 6	After July 6	One-day Rate*
Student Member	<input type="checkbox"/> \$165	<input type="checkbox"/> \$215	<input type="checkbox"/> \$140
Resident Member	<input type="checkbox"/> \$190	<input type="checkbox"/> \$240	<input type="checkbox"/> \$165
Physician Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245	<input type="checkbox"/> \$170

(001) Spouse/Guest name: _____

Year in school/residency **at time of conference** (check one):

- One (901)
- Two (902)
- Three (903)
- Four (904)
- Graduated, not yet matched (905)
- Not applicable (906)

I do not wish to receive pre- and post-conference communications from exhibitors:

- (909) Mail
- (924) Email
- (925) Do not include my name, city, and state in the attendee list published in the mobile app or on the website.

Part 3 – Connect with Peers

I plan on attending the following functions:

(914) Expo Hall Grand Opening

Exposition Hall | Thursday, August 2 | 5–8 p.m.

Indicate T-shirt size:

- 915) Small
- (916) Medium
- (917) Large
- (918) X-Large
- (919) XX-Large

(920) National Conference Celebration

Midland Theatre | Friday, August 3 | 8 p.m.–12 a.m.



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FAMILY PHYSICIANS



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Part 4 – Procedural Skills Courses

Find descriptions and restrictions at www.aafp.org/nc. All courses are \$90 each. Due to the limited number of seats, please indicate your time preference for each course you would like to attend.

Check appropriate box	Course #	Course Name	Day	Time	Rank times by preferences
<input type="checkbox"/>	101	Advanced Suturing Techniques	Saturday	8-11 a.m.	
<input type="checkbox"/>	102	Basic Suturing Techniques	Thursday	9 a.m.-12 p.m.	
<input type="checkbox"/>	103		Friday	8-11 a.m.	
<input type="checkbox"/>	104	Joint Injections	Thursday	1-3 p.m.	
<input type="checkbox"/>	105		Friday	8:30-10:30 a.m.	
<input type="checkbox"/>	106		Friday	2-4 p.m.	
<input type="checkbox"/>	107	Osteopathic Manual Medicine	Thursday	8:30-10:30 a.m.	
<input type="checkbox"/>	108	Perineal Laceration Repair	Thursday	8:30-10:30 a.m.	
<input type="checkbox"/>	109	Skin Biopsy Techniques	Friday	2-4 p.m.	
<input type="checkbox"/>	110	Women's Health Techniques	Thursday	2-4 p.m.	
<input type="checkbox"/>	111		Friday	9:30-11:30 a.m.	

Part 5 – 2018 National Conference Lapel Pin – \$10

Get your 2018 AAFP National Conference Commemorative Lapel Pin and support your AAFP Foundation. For a minimum donation, you can support AAFP Foundation programs, such as Family Medicine Cares.

(115) 2018 National Conference Lapel pin

Qty: _____ @ \$10 each

Part 6 – Special Needs

If you have a physical requirement which requires accommodation in order to fully participate in this activity during the hours of the program, please indicate below:

(921) Wheel chair accessibility

(922) Hearing impaired

(923) Lactation room

Part 7 – Total Registration

Total amount due for selections from Part 2 \$ _____

Total amount due for selections from Part 4 \$ _____

Total amount due for selections from Part 5 \$ _____

Total due \$ _____

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.

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.

If faxing, please include name and daytime phone number: _____

Part 8 – Method of Payment

Registration forms will be accepted only when accompanied by full payment. To expedite registration processing, credit card payment is preferred. Please print clearly to avoid delay in processing your registration.

MasterCard Visa American Express Discover Check enclosed

Card number: _____

Expiration date: _____ CW: _____

Card holder name: _____

Signature: _____

Credit card: Your signature above authorizes the AAFP to charge your credit card for the total amount above. If your registration fees are totaled incorrectly, the AAFP will make the necessary adjustments and charge your credit card accordingly. **Fax form to (913) 906-6075.**

Check: Please make payable to the American Academy of Family Physicians, drawn on a U.S. bank in U.S. dollars, and return form and check to: **AAFP Contact Center, 11400 Tomahawk Creek Parkway, Leawood, KS 66211-2681.**

Cancellation policy: The AAFP must receive notice of cancellation by July 12. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy at www.aafp.org/nc.