

# REGISTRATION FORM

## Congress of Delegates

October 8-10, 2018

Hilton New Orleans Riverside • New Orleans, LA

Registration deadline: September 7  
Register online at  
[www.aafp.org/congress](http://www.aafp.org/congress).

### Please print or type

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

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

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

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

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

City, State, ZIP: \_\_\_\_\_

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

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

Email (required): \_\_\_\_\_

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

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

### Registration Category

- |   |  |
|---|--|
| <input type="checkbox"/> (901) Alternate Delegate | <input type="checkbox"/> (912) Chapter President-Elect |
| <input type="checkbox"/> (902) Delegate           | <input type="checkbox"/> (913) Chapter Executive       |
| <input type="checkbox"/> (903) Past President     | <input type="checkbox"/> (914) Chapter Board           |
| <input type="checkbox"/> (904) Past Officer       | <input type="checkbox"/> (915) Chapter Staff           |
| <input type="checkbox"/> (905) Past Director      | <input type="checkbox"/> (916) Other                   |
| <input type="checkbox"/> (911) Chapter President  |  |

### 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.

### Guest Registration

First and Last Name: \_\_\_\_\_

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

First and Last Name: \_\_\_\_\_

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

First and Last Name: \_\_\_\_\_

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

### FMX Lapel Pin

Get your 2018 FMX Lapel Pin and support your AAFP Foundation! For a minimum donation of \$15, you can support important philanthropic work. This year's pin proceeds will benefit the AAFP Foundation humanitarian program, *Family Medicine Cares*.

(400) 2018 Foundation Lapel Pin

Quantity \_\_\_\_\_ @ \$15 each = \_\_\_\_\_ total

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

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.

**YOUR CONGRESS HOTEL:**  
**Hilton New Orleans Riverside**

Go to [www.aafp.org/congress](http://www.aafp.org/congress) for hotel reservation instructions.



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

### 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](mailto:aafp@aafp.org)

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