

REGISTRATION FORM

Congress of Delegates

September 11-13, 2017

Grand Hyatt San Antonio • San Antonio, TX

Registration deadline: August 16
Register online at
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: _____

AAFP Foundation Lapel Pin

Support your AAFP Foundation by purchasing your 2017 AAFP Family Medicine Experience (FMX) Commemorative lapel pin. For a minimum donation of \$15 per pin, you can take home a collectible keepsake and support important AAFP Foundation programs. This year's pin proceeds will benefit the humanitarian efforts of your Foundation through the *Family Medicine Cares USA* program, which helps to support free health clinics for underserved populations.

(400) 2017 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:
Grand Hyatt San Antonio

Go to 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

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