

REGISTRATION FORM

National Conference of Constituency Leaders

April 26-28, 2018 (Preconference April 25)

Sheraton Kansas City Hotel at Crown Center • Kansas City, MO

Register online at
www.aafp.org/nccl

AAFP Member ID #: _____

Name: _____

Nick Name (Badge Purposes): _____

Degree: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email (REQUIRED): _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Registration Fees

On or before 3/29/18 After 3/29/18

<input type="checkbox"/> AAFP Member <i>(Active, New Physician, International, Life, Supporting)</i>	\$230	\$280
<input type="checkbox"/> Chapter Staff	\$230	\$280
<input type="checkbox"/> Student/Resident	\$150	\$150

First-time Attendee

(963) I am a first-time attendee.

Preconference Session Wednesday, April 25

Your registration includes a preconference session on Wednesday, April 25. Please indicate if you will attend by checking the box below. Additional details are available online at www.aafp.org/nccl.

(101) Preconference Session

Conference materials will be available on the NCCL website and in the event app in April. Limited printing stations will be available on site.

Lapel Pin

Get your 2018 AAFP Family Medicine Experience (FMX) Commemorative Lapel Pin and support your AAFP Foundation. For a minimum donation, you can support AAFP Foundation programs such as *Family Medicine Cares*.

(400) 2018 Foundation Lapel Pin — \$15

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.

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

Method of Payment

Enclose check or indicate credit card information for the registration fee. **(Payment is expected to accompany this form to ensure participation.)**

- 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.

Cancellation policy: The AAFP must receive notice of cancellation no later than April 4, 2018. 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? For hotel information, visit www.aafp.org/nccl or call the hotel at (800) 325-3535. Make your reservation by March 29, 2018.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

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
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