

# REGISTRATION FORM

National Conference of Constituency Leaders

April 25-27, 2019 (Optional Community Service Project April 24)

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

Register online at  
[www.aafp.org/nccl](http://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 3/25/19	After 3/25/19
<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

## Community Service Project – Wednesday, April 24

Attendees who register for this optional activity will be participating in an off-site community service project with the Boys & Girls Clubs of Greater Kansas City. Registration includes transportation to and from the activity and a t-shirt.

(101) Community Service Project \$25

(102) Small T-shirt

(105) XL T-shirt

(103) Medium T-shirt

(106) 2XL T-shirt

(104) Large T-shirt

(107) 3XL T-shirt

## First-time Attendee

(963) I am a first-time attendee.

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 2019 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) 2019 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: \_\_\_\_\_ CVV: \_\_\_\_\_

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 recording 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 April 4, 2019. Requests for full cancellations will be refunded, less a \$50 administrative fee. See the entire policy at [www.aafp.org/cancellations](http://www.aafp.org/cancellations).**

Have you made your hotel reservation? For hotel information, visit [www.aafp.org/nccl](http://www.aafp.org/nccl) or call the hotel at (800) 325-3535. Make your reservation by March 25, 2019.

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

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