

REGISTRATION FORM

National Conference of Constituency Leaders

April 23-25, 2020 (Optional Community Service Project April 22)

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 3/25/20 | After 3/25/20 |
|---|----------------------|---------------|
| <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 22

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 2020 AAFP Family Medicine Experience (FMX) Commemorative Lapel Pin. Proceeds support *Family Medicine Cares*, the AAFP Foundation humanitarian signature program.

(400) 2020 Foundation Lapel Pin – \$15

Foundation Donation

In celebration of 30 years of NCCL, help the AAFP Foundation develop future family medicine leaders with a donation to the Family Medicine Leads program. Family Medicine Leads creates the next generation of family physicians through scholarships to attend the AAFP National Conference and the Emerging Leader Institute program. Gifts are tax deductible. Help fund the future, today.

(401) I would like to donate \$30 to the AAFP Foundation.

(402) I would like to donate \$50 to the AAFP Foundation.

(403) I would like to donate \$100 to the AAFP Foundation.

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

(953) Hearing Impaired

(951) Gluten Free

(954) Lactation Room

(952) Wheelchair Accessibility

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 2, 2020. 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 25, 2020.

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

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