

# COURSE REGISTRATION

## AAFP Global Health Summit

September 16-18, 2020 | Pre-conference September 15  
Hyatt Regency Houston • Houston, Texas

*For more information or to register online, visit [www.aafp.org/ghs](http://www.aafp.org/ghs).*

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

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

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

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

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

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

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

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

Email (REQUIRED): \_\_\_\_\_

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

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

### Registration Fees

	On or Before 7/17/20	After 7/17/20
<input type="checkbox"/> AAFP Member <i>(Active, New Physician, International, Life, Supporting)</i>	\$555	\$605
<input type="checkbox"/> AAFP Resident Member	\$455	\$505
<input type="checkbox"/> Student	\$195	\$195
<input type="checkbox"/> Allied Health Professional <i>(RN, PA-C, NP, etc.)</i>	\$585	\$645
<input type="checkbox"/> Nonmember <i>(Physician, Resident)</i>	\$605	\$655

### First-time Attendee

(963) I am a first-time attendee.

### Preconference Information

Visit [www.aafp.org/ghs](http://www.aafp.org/ghs) for additional information.

- (100) **Introduction to Point-of-Care Ultrasound for the Global Health Provider**  
Wednesday, September 15 | 1-5 p.m. | \$90

### 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 meeting.

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

Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration (MM/YY) \_\_\_\_\_

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 recordings 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 August 26, 2020. 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?**  
Hotel information available at [www.aafp.org/ghs](http://www.aafp.org/ghs).  
Don't forget the deadline is August 19, 2020.



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)

**Center for Global  
Health Initiatives**