

REGISTRATION FORM (AAFP Members)

2016 National Conference of Family Medicine Residents and Medical Students

Kansas City, Missouri • July 28–30, 2016

Register online at www.aafp.org/nc

Registration Deadline: June 30

STOP! If you are staffing an exhibit booth only, DO NOT fill out this form. Exhibitor registration information has been sent to your program.

Part 1 – Attendee Information

In order to expedite the registration process, please print the following information:

AAFP ID #: _____

Registrant's name: _____

Nickname for badge (if applicable): _____

Degree: _____

Name of school or residency **at time of conference**:

Anticipated Medical School Graduation Year or Residency Completion Year: _____

Address: _____

City, State, Country, Zip: _____

Phone: _____

Fax: _____

Email (for confirmation): _____

Emergency contact name: _____

Emergency contact phone #: _____

Part 2 – Registration Fees

	By June 30	After June 30	One-day Rate*
Student Member	<input type="checkbox"/> \$165	<input type="checkbox"/> \$215	<input type="checkbox"/> \$140
Resident Member	<input type="checkbox"/> \$190	<input type="checkbox"/> \$240	<input type="checkbox"/> \$165
Physician Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245	<input type="checkbox"/> \$170

(001) Spouse/guest name: _____

Year in school/residency **at time of conference** (check one):

- One (901)
 Two (902)
 Three (903)
 Four (904)
 Graduated, not yet matched (905)
 Not applicable (906)

(907) This is my first time attending National Conference:

(908) I am a recipient of a scholarship or other financial support to attend.

I do not wish to receive pre- and post-conference communications from exhibitors:

(909) Mail (924) Email

(925) Do not include my name, city, and state in the attendee list published in the mobile app and on the website.

Did you, or are you currently training at an (check one):

- (910) Allopathic Medical School
 (911) International Medical School
 (912) Osteopathic Medical School
 (913) N/A

Race (select all that apply)

- (971) American Indian or Alaska Native
 (974) Native Hawaiian or other Pacific Islander
 (972) Asian
 (975) White
 (973) Black or African American
 (976) Prefer not to answer

Ethnicity

- (977) No, not Hispanic/Latino
 (978) Yes, Hispanic/Latino
 (979) Prefer not to answer

Part 3 – Connect with Peers

I plan on attending the following functions:

(914) Expo Hall Grand Opening

Exposition Hall | Thursday, July 28 | 5:00 – 8:00 p.m.

Indicate T-shirt size:

- (915) Small (917) Large (918) XX-Large
 (916) Medium (919) X-Large

(920) National Conference Celebration

Midland Theatre | Friday, July 29 | 8:00 p.m. – 12:00 a.m.



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Part 4 – Procedural Skills Courses

Find descriptions and restrictions at www.aafp.org/nc. All courses are \$90 each. Due to the limited number of seats, please indicate your time preference for each course you would like to attend.

Check appropriate box	11Course #	Course Name	Day	Time	Rank times by preferences
<input type="checkbox"/>	101	Advanced Suturing Techniques	Saturday	8:00 – 11:00 a.m.	
<input type="checkbox"/>	102	Basic Suturing Techniques	Thursday	9:00 a.m. – 12:00 p.m.	
<input type="checkbox"/>	103		Friday	8:00 – 11:00 a.m.	
<input type="checkbox"/>	104	Joint Injections	Friday	9:00 – 11:00 a.m.	
<input type="checkbox"/>	105		Friday	1:00 – 3:00 p.m.	
<input type="checkbox"/>	106		Saturday	8:30 – 10:30 a.m.	
<input type="checkbox"/>	107	Osteopathic Manual Medicine	Thursday	9:00 – 11:00 a.m.	
<input type="checkbox"/>	108	Perineal Laceration Repair	Thursday	1:00 – 4:00 p.m.	
<input type="checkbox"/>	109	Skin Biopsy Techniques	Friday	2:00 – 4:00 p.m.	
<input type="checkbox"/>	110	Women's Health Procedures	Thursday	1:00 – 3:00 p.m.	
<input type="checkbox"/>	111		Friday	1:00 – 3:00 p.m.	

Part 5 – 2016 National Conference Lapel Pin

Get your **Inaugural 2016 AAFP National Conference Commemorative Lapel Pin** and support your very own AAFP Foundation. For a minimum donation, you can provide much needed assistance to AAFP Foundation programs, such as *Family Medicine Cares*.

(400) 2016 National Conference Lapel Pin

Qty: _____ @ \$10 each

Part 6 – Special Needs

If you have a physical requirement which requires accommodation in order to fully participate in this activity during the hours of the program, please indicate below:

(921) Wheel chair accessibility

(922) Hearing impaired

(923) Lactation room

Part 7 – Total Registration

Total amount due for selections from Part 2 \$ _____

Total amount due for selections from Part 4 \$ _____

Total amount due for selections from Part 5 \$ _____

Total due \$ _____

Part 8 – Method of Payment

Registration forms will be accepted only when accompanied by full payment. To expedite registration processing, credit card payment is preferred. Please print clearly to avoid delay in processing your registration.

MasterCard Visa American Express Discover Check enclosed

Card number: _____

Expiration date: _____

Card holder name: _____

Signature: _____

Credit Card: Your signature above authorizes the AAFP to charge your credit card for the total amount above. If your registration fees are totaled incorrectly, the AAFP will make the necessary adjustments and charge your credit card accordingly. **Fax form to (913) 906-6075.**

Check: Please make payable to the American Academy of Family Physicians, drawn on a U.S. bank in U.S. dollars, and return form and check to: **AAFP Contact Center, 11400 Tomahawk Creek Parkway, Leawood, KS 66211-2681.**

Cancellation Policy – The AAFP must receive notice of cancellation by July 7. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy at www.aafp.org/nc.

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.

If faxing, please include name and daytime phone number: _____