

# REGISTRATION FORM (AAFP Members)

2018 National Conference of Family Medicine Residents and Medical Students

Kansas City, Missouri • August 2-4, 2018

Register at [www.aafp.org/nc](http://www.aafp.org/nc).

## Registration Deadline: July 6

**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 #: \_\_\_\_\_  
Not an AAFP member? Call the Member Resource Center to register at (800) 274-2237.

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 July 6                      | After July 6                   | 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)

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 or on the website.

### Part 3 – Connect with Peers

I plan on attending the following functions:

- (914) Expo Hall Grand Opening**  
Exposition Hall | Thursday, August 2 | 5-8 p.m.

*Indicate T-shirt size:*

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

- (920) National Conference Celebration**  
Midland Theatre | Friday, August 3 | 8 p.m.-12 a.m.



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## Part 4 – Procedural Skills Courses

Find descriptions and restrictions at [www.aafp.org/nc](http://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    | Course # | Course Name                  | Day      | Time            | Rank times by preferences |
|--------------------------|----------|------------------------------|----------|-----------------|---------------------------|
| <input type="checkbox"/> | 101      | Advanced Suturing Techniques | Saturday | 8-11 a.m.       |                           |
| <input type="checkbox"/> | 102      | Basic Suturing Techniques    | Thursday | 9 a.m.-12 p.m.  |                           |
| <input type="checkbox"/> | 103      |                              | Friday   | 8-11 a.m.       |                           |
| <input type="checkbox"/> | 104      | Joint Injections             | Thursday | 1-3 p.m.        |                           |
| <input type="checkbox"/> | 105      |                              | Friday   | 8:30-10:30 a.m. |                           |
| <input type="checkbox"/> | 106      |                              | Friday   | 2-4 p.m.        |                           |
| <input type="checkbox"/> | 107      | Osteopathic Manual Medicine  | Thursday | 8:30-10:30 a.m. |                           |
| <input type="checkbox"/> | 108      | Perineal Laceration Repair   | Thursday | 8:30-10:30 a.m. |                           |
| <input type="checkbox"/> | 109      | Skin Biopsy Techniques       | Friday   | 2-4 p.m.        |                           |
| <input type="checkbox"/> | 110      | Women's Health Techniques    | Thursday | 2-4 p.m.        |                           |
| <input type="checkbox"/> | 111      |                              | Friday   | 9:30-11:30 a.m. |                           |

## Part 5 – 2018 National Conference Lapel Pin – \$10

Get your 2018 AAFP National Conference Commemorative Lapel Pin and support your AAFP Foundation. For a minimum donation, you can support AAFP Foundation programs, such as Family Medicine Cares.

(115) 2018 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 \$ \_\_\_\_\_**

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.

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: \_\_\_\_\_

## 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: \_\_\_\_\_ CW: \_\_\_\_\_

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 12. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy at [www.aafp.org/nc](http://www.aafp.org/nc).