

STUDENT WINNER/FAMILY REGISTRATION FORM

Tar Wars National Conference

July 21 – 22, 2014

Hyatt Regency Washington on Capitol Hill

**Registration Deadline:
June 20, 2014**

PART I – Student Winner

Registration Fees

- Student State Winner – FREE

*Includes meals and complimentary T-shirt and scheduled events.
All student registrations must be accompanied by a primary parent/guardian registration.*

Name of Tar Wars State Winner:

Address: _____

Daytime Phone: _____

Email: _____

Student Winner complimentary T-shirt

Select size:

- S (300) M (301) L (302) XL (303) XXL (304)
 Youth S (305) Youth M (306)

PART II – Family/Guests

- (001) Primary Parent/Guardian (1 per winner) – FREE
Includes meals and scheduled events.

Primary Parent/Guest Name:

- (002) Additional Parent or Adult Guest (ages 18 and older)
– \$150 per guest
Includes meals and scheduled events.

Additional Parent/Adult Guest Name(s):

Total due: \$ _____

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.

- (003) Additional Child Guest (ages 5 – 17)– \$75 per guest
 (004) Additional Child Guest (ages 4 and under) – \$Free
Includes meals and scheduled events.

Additional Child Guest Name(s): _____ Fee per Child

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total due: \$ _____

**Additional Tar Wars T-shirts are available for \$10 each.
Indicate the quantity needed per size.**

- S (400) _____ M (401) _____ L (402) _____ XL (403) _____
 XXL (404) _____ Youth S (405) _____ Youth M (406) _____

Total due: \$ _____

Special Needs

If you or any of your guests have physical or dietary restrictions, please mark the appropriate boxes below.

- (950) Vegetarian (954) Hearing Impaired
 (952) Gluten-Free (955) Lactation Room
 (953) Wheelchair Accessibility

Payment Information – Please enclose a check or include credit card information for payment of additional guest fee(s). **(Payment must accompany this form.)**

- Visa Mastercard Discover American Express
 Check enclosed (**payable to AAFP**)

Total due: \$ _____

Name on Card: _____

Card Number: _____

Exp Date: _____

Signature: _____

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.

Cancellation policy – The AAFP must receive notice of cancellation no later than June 30, 2014. Requests for full cancellations will be refunded less a \$50 administrative fee. See the entire policy online at www.aafp.org/cmecancellations.

Have you made your hotel reservations? Don't forget the deadline is June 20, 2014. Hotel information available at www.tarwars.org or by calling (800) 233-1234.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Please mail or fax this form to:

AAFP, Attn: Contact Center
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672

Phone: (800) 274.2237 • Fax: (913) 906.6075

Email: contactcenter@afp.org

Tar Wars®

A tobacco-free education program for kids from
the American Academy of Family Physicians