

# STUDENT WINNER/FAMILY REGISTRATION FORM

Tar Wars National Conference

July 15 – 16, 2013

Hyatt Regency Washington on Capitol Hill

**Registration Deadline:  
June 14, 2013**

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

E-mail: \_\_\_\_\_

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

- (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: \_\_\_\_\_

**Have you made your hotel reservations? Don't forget the deadline is June 14, 2013. Room block will be held until June 15. Hotel information available at [www.tarwars.org](http://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  
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E-mail: [contactcenter@afp.org](mailto:contactcenter@afp.org)

