

REGISTRATION FORM

NAFP 22nd annual Summer CME Meeting

Register online at www.NVAFP.com

August 5-7, 2011

TO REGISTER complete this form and mail or fax with payment to NAFP, 326 W. Liberty St., Reno, NV 89501. Phone: 775-826-5100, Fax: 775-826-4475, E-mail: nafpreno@aol.com. You can also register or make hotel reservations online at www.NVAFP.com. To make hotel reservations by phone, please call The Golden Nugget Hotel & Casino directly by July 8, 2011 at 800-634-3454 and be sure to identify yourself as being with the Nevada Academy of Family Physicians to get our special room rates at \$39 on August 4th and \$79 per night on August 5th and 6th.

PLEASE PRINT ALL INFORMATION CLEARLY

AAFP ID Number _____

Name _____
First M.I. Last Name Badge (if different)

Professional Degree: MD ___ DO ___ RN ___ LPN ___ PA ___ NP ___ Other ___

Address _____

City State Zip Code

Phone () _____ Fax () _____ E-mail _____

Spouse/Guest (if attending) _____
First M.I. Last

- Please check this box if you prefer to have your syllabus on a disc instead of a printed syllabus.
- Please check this box if you have physical or dietary requirements which require accommodation in order to fully participate in this activity. Please attach a description of your specific needs. NOTE: Additional fees may be charged for specialty menus.

REGISTRATION FEES

Registration fee includes all lectures and workshops, daily breakfast, lunch and refreshment breaks; one ticket to the Friday night Wine Tasting & Silent Auction, admission for two to the Sunday Morning CME Brunch; as well as a syllabus and certificate of course completion.

	<u>Postmarked On or</u>	<u>Before 7/1/2011</u>	<u>After 7/1/2011</u>	
Physician Non-Member		\$350	\$400	\$ _____
Nevada AFP Active Member		\$300	\$350	\$ _____
Allied Health Professionals & Retired Physicians (Nurse, PA, etc.)		\$275	\$300	\$ _____
Resident Non-Member		\$250	\$275	\$ _____
NAFP Resident/Student Member		\$125	\$125	\$ _____

Optional Activities

	<u>NAFP Member</u>	<u>Non-member</u>	
Daily Registration – Specify Day(s):	\$150/day	\$200/day	\$ _____
Group SAM Learning Session for Meeting Attendees – Saturday, Aug 6 th	\$75	\$75	\$ _____
Group SAM Learning Session for Non-Meeting Attendees – Saturday, Aug 6 th	\$150	\$150	\$ _____
Poker Tournament – Saturday, Aug 6 th (limited to 30 participants)	\$50	\$50	\$ _____
NAFP Foundation Wine Tasting & Silent Auction – Friday, Aug 5 th (for guests only)	\$30*	\$30*	\$ _____
NAFP Foundation Wine Tasting & Silent Auction – Friday, Aug 5 th (general admission)	\$40*	\$40*	\$ _____

* All registrants will receive ONE FREE ticket. One additional guest ticket can be purchased for \$30.
General admission tickets for non-paid attendees are \$40 in advance and \$50 at the door.

Total amount enclosed: \$ _____

REFUND POLICY: 100% (less \$50 processing fee) will be refunded through July 1, 2011. No refunds after that date.

PAYMENT INFORMATION

_____ Check enclosed, payable to **NAFP** _____ MasterCard/Visa _____ American Express _____ Discover

Card Number _____ Security Code _____ Expiration Date _____

Name on Card _____ Signature _____

Billing Address (if different than above) _____ Billing Zip Code _____

Please complete this form and mail or fax with your payment to:
NAFP, 326 W. Liberty St., Reno, NV 89501 Fax: 775-826-4475