

# REGISTRATION FORM

NAFP 21<sup>st</sup> Annual Summer CME Meeting

Register online at [www.NVAFP.com](http://www.NVAFP.com)

August 20–22, 2010

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](mailto:nafpreno@aol.com). You can also register or make hotel reservations online at [www.NVAFP.com](http://www.NVAFP.com). To make hotel reservations by phone, please call The Golden Nugget Hotel & Casino directly by July 18, 2010 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 19<sup>th</sup> and \$89 per night on August 20<sup>th</sup> and 21<sup>st</sup>.

**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 Saturday 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 7/1/2010</u>	<u>After 7/1/2010</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 21 <sup>st</sup> .....	\$50 .....	\$50 .....	\$ _____
Group SAM Learning Session for Non-Meeting Attendees – Saturday, Aug 21 <sup>st</sup> .....	\$100 .....	\$100 .....	\$ _____
Poker Tournament – Saturday, Aug 21 <sup>st</sup> (limited to 30 participants) .....	\$50 .....	\$50 .....	\$ _____
NAFP Foundation Wine Tasting & Silent Auction – Friday, Aug 20 <sup>th</sup> (for guests only) .....	\$30* .....	\$30* .....	\$ _____
NAFP Foundation Wine Tasting & Silent Auction – Friday, Aug 20 <sup>th</sup> (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, 2010. 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 \_\_\_\_\_

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