

REGISTRATION FORM

NAFP 19th Annual Summer CME Meeting

Register online at www.NVAFP.com

August 15–17, 2008

TO REGISTER complete this form and mail or fax with payment to NAFP, P.O. Box 27713, Las Vegas, Nevada 89126. Phone: 702-228-5822, Fax: 702-228-9737, E-mail: nafplvbb@aol.com. You can also register online at www.NVAFP.com. To make hotel reservations, please call The Golden Nugget Hotel & Casino directly, by July 15, 2008, 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 \$79 (\$129 on August 15 & 16) per night.

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

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

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

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.

Registration Fees:

Registration fee includes all lectures and workshops, daily continental breakfast and refreshment breaks; admission for two to the following: Friday evening reception in the exhibit hall, and the Sunday Morning CME Breakfast; as well as a syllabus and certificate of course completion.

	<u>Postmarked On or</u> <u>Before 7/15/2008</u>	<u>After 7/15/2008</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	\$ _____
Daily Registration	\$125	\$125	\$ _____
Local's Day - Friday, August 15	\$100	\$100	\$ _____

Optional Activities

Poker Tournament (limited to 30 participants) – Friday, August 15	\$50	\$50	\$ _____
Spirometry Workshop (limited to 30 participants) – Friday, August 15	n/a	n/a	\$ _____ <input type="checkbox"/>

There is no additional charge for this workshop, but you must pre-register by July 1, 2008. Please check box to the right.

Total amount enclosed: _____ \$ _____

PAYMENT INFORMATION

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

Card Number _____ Security Code _____ Expiration Date _____

Name on Card _____ Signature _____

Address on card statement (if different then above) _____

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