

REGISTRATION FORM

Register online at www.NVAFP.com

NAFP 32nd Annual Summer CME Meeting

July 30–August 1, 2021

TO REGISTER complete this form and mail or fax with payment to NAFP, 705 Tahoe St., Suite A, Reno, NV 89509
Phone: 775-826-5100, Fax: 775-826-4475, E-mail: brooke@nvafp.com. You can also register or make hotel reservations online at **NVAFP.com**. To make hotel reservations by phone, please call The Tropicana Las Vegas directly by July 23, 2021 at 888-381-8767 and be sure to mention the group code **NAFP21** to get our special room rate of \$59 Wed & Thu, and \$150 Fri & Sat.

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 ___ APRN ___ Other _____

Address _____

City State Zip Code

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

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

PLEASE NOTE: All attendees will receive a digital syllabus. A printed syllabus is available for an additional \$20.

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; as well as a digital syllabus and certificate of course completion.

	<u>Postmarked On or</u>		
	<u>Before 7/1/2021</u>	<u>After 7/1/2021</u>	
Physician Non-Member	\$400	\$450	\$ _____
Allied Health Professionals (Nurse, PA, etc.)	\$400	\$450	\$ _____
Nevada AFP Active Member	\$350	\$400	\$ _____
Retired Physicians	\$325	\$350	\$ _____
Resident Non-Member	\$250	\$275	\$ _____
NAFP Resident/Student Member	\$150	\$150	\$ _____
Daily Registration – Circle Day(s): FRIDAY SATURDAY SUNDAY	\$150/day	\$200/day	\$ _____

	<u>Meeting Attendees</u>	<u>Non-Attendees</u>	
Optional Fees			
Printed Syllabus	\$20	n/a	\$ _____
Virtual KSA Session (Behavioral Health Care) – Thursday, Jul 29 th , 1:30 – 5:30p	\$150	\$200	\$ _____

Total amount enclosed:..... \$ _____

REFUND POLICY: 100% (less \$50 processing fee) will be refunded through July 23, 2021. No refunds after that date.

PAYMENT INFORMATION

Please check one: 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/email with your payment to:
NAFP, 705 Tahoe St., Suite A, Reno, NV 89509 Email: brooke@nvafp.com