

# REGISTRATION FORM

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

NAFP 29<sup>th</sup> Annual Summer CME Meeting

August 3-5, 2018

**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](mailto: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 3, 2018 at 888-381-8767 and be sure to mention the group code **SNAFP8** to get our special room rate of \$86 Sun-Thu, and \$140 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; one ticket to the Friday night Sip & Savor Fundraiser, admission for two to the Sunday Morning CME Brunch; as well as a syllabus and certificate of course completion.

	Postmarked On or		
	Before 7/1/2018	After 7/1/2018	
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	\$ _____

	Meeting Attendees	Non-Attendees	
Printed Syllabus .....	\$20	n/a	\$ _____
KSA Group Session (Diabetes) – Thursday, Aug 2 <sup>nd</sup> , 8:30a – 12:30p .....	\$100	\$175	\$ _____
KSA Group Session (Women’s Health) – Thursday, Aug 2 <sup>nd</sup> , 1:30 – 5:30p .....	\$100	\$175	\$ _____
NAFP Summer Sip & Savor Fundraiser – Friday, Aug 3 <sup>rd</sup> (general admission) .....	\$30*	\$40*	\$ _____
Poker Tournament – Saturday, Aug 4 <sup>th</sup> , 8:30p (limited to 30 participants) .....	\$65	\$75	\$ _____

\* All registrants will receive ONE FREE Sip & Savor ticket. One additional guest ticket can be purchased for \$30 each. 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 13, 2018. 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/fax/email with your payment to:

**NAFP, 705 Tahoe St., Suite A, Reno, NV 89509 Fax: 775-826-4475 Email: [brooke@nvafp.com](mailto:brooke@nvafp.com)**