

REGISTRATION FORM

Register online at www.NVAFP.com

NAFP 28th Annual Summer CME Meeting

July 28–30, 2017

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 4, 2017 at 888-381-8767 and be sure to mention the group code **SNAFP7** to get our special room rates at \$83 per night Wed & Thu and \$135 per night 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 check this box if you prefer a downloadable, digital syllabus 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 Sip & Savor Fundraiser, 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 7/1/2017</u>	<u>After 7/1/2017</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	\$ _____

Optional Activities

	<u>Meeting Attendees</u>	<u>Non-Attendees</u>	
Pre-Conference Group KSA, Pain Management – Thursday, Jul 27 th , 8:30a – 12:30p	\$100	\$175	\$ _____
Pre-Conference Group KSA, Care of the Vulnerable Elderly – Thursday, Jul 27 th , 1:30p – 5:30p	\$100	\$175	\$ _____
NAFP Summer Sip & Savor Fundraiser – Friday, Jul 28 th (general admission)	\$30*	\$40*	\$ _____

** 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 4, 2017. 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 or fax with your payment to:
NAFP, 705 Tahoe St., Suite A, Reno, NV 89509 Fax: 775-826-4475