

REGISTRATION FORM

NAFP 51st Annual Winter CME Meeting

January 27-31, 2019

TO REGISTER complete this form and mail or fax with payment to **NAFP, 705 Tahoe St., Ste A, Reno, NV 89509**
Phone: 775-826-5100, Fax: 775-826-4475, E-mail: **brooke@nvafp.com**. To make hotel reservations, visit **nvafp.com**
or call Harrah's Lake Tahoe directly, before January 11, 2019, at **800-455-4770** (phone-in reservations subject to \$15
fee). Identify yourself with the group code: **Harrah's Lake Tahoe, SO1NVA9** to receive the special group rates.

PLEASE PRINT ALL INFORMATION

AAFP ID Number: _____

Name _____
First M.I. Last Name Badge - If different

Degree: MD ____ DO ____ RN ____ LPN ____ PA ____ NP ____ APRN ____ Other ____

Address _____

City State Zip

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 (Sun-Thu), daily breakfast, and afternoon refreshment breaks; admission for two to the evening receptions in the exhibit hall; and the Wednesday evening dinner/dance.

	<u>Postmarked on or before 12/8/18</u>	<u>Postmarked after 12/8/18</u>	
Physician, Non Nevada AFP Member	\$600	\$700	\$ _____
Nevada AFP Active Member	\$450	\$500	\$ _____
Allied Health Professionals (Nurse, PA, etc.)	\$450	\$500	\$ _____
Retired Physicians	\$425	\$425	\$ _____
Resident, Non Nevada AFP Member	\$250	\$250	\$ _____
NAFP Resident/Student Member	\$200	\$200	\$ _____
Special Local's Day Rate - This rate is for Nevada Health Care Professionals - SUNDAY ONLY	\$140	\$140	\$ _____
Daily Registration - CIRCLE DAY(S): SUN MON TUE WED THU	\$150/day	\$200/day	\$ _____

OPTIONAL FEES:

	<u>Meeting Attendees</u>	<u>Non-attendees</u>	
Printed Syllabus	\$20	n/a	\$ _____
KSA Group Session (Women's Health) - Sat., Jan. 26, 8:30am	\$150	\$200	\$ _____
KSA Group Session (Well Child Care) - Sat., Jan. 26, 1:30pm	\$150	\$200	\$ _____
11 th Annual Poker Tournament - Tue., Jan. 29	\$70	\$70	\$ _____
Sponsor a Student/Resident to attend full meeting	\$200	\$200	\$ _____

SKI/SNOWBOARD LIFT TICKETS:

Adult Daily Ski Lift Tickets for Heavenly or Kirkwood Mountain Resort @ \$107..... \$ _____
Please call for child, teen, and senior rates; and also Northstar lift tickets.

TOTAL AMOUNT ENCLOSED \$ _____

***** REFUND POLICY: 100% (less \$50 processing fee) will be refunded through January 1, 2019. No refunds after that date. *****

PAYMENT INFORMATION

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

Card Number: _____ Exp. Date: ____/____/____ Security Code: _____

Name on Card: _____ Signature: _____

Billing Address: _____ Billing Zip Code: _____

Please mail or fax completed form with payment to *NAFP, 705 Tahoe St., Ste. A, Reno, NV 89509*

Phone: 775-826-5100

Fax: 775-826-4475