

# 2010 Mid-Summer Meeting Registration Form

July 4-10, 2010 - Myrtle Beach, SC

Name \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name on Badge \_\_\_\_\_ Credentials: \_\_\_\_\_

*~ Your registration confirmation will be sent via email ~*

**Registration** - Your registration fee includes a CD-ROM syllabus, (1) Name Badge for access to the exhibit hall, all continental breakfasts and breaks. Limited paper copies of the syllabus will be available upon request.

**Full Week w/ EHR and Procedures Workshops** - Mon. thru Sat., including General Sessions.

Physician NCAFP/AAFP Member @ \$505 (\$515 after June 4) .....\$ \_\_\_\_\_  
Physician Non-Member @ \$610 (\$625 after June 4) .....\$ \_\_\_\_\_  
FNP/PA/Other @ \$435 (\$450 after June 4) .....\$ \_\_\_\_\_  
Resident Physician @ \$115 .....\$ \_\_\_\_\_

**Full Week w/ SAMS and Procedures Workshops** - Mon. thru Sat., including General Sessions.

Physician NCAFP/AAFP Member @ \$545 (\$560 after June 4) .....\$ \_\_\_\_\_  
Physician Non-Member @ \$650 (\$665 after June 4) .....\$ \_\_\_\_\_  
FNP/PA/Other @ \$475 (\$490 after June 4) .....\$ \_\_\_\_\_  
Resident Physician @ \$115 .....\$ \_\_\_\_\_

**General Sessions Only** - Monday thru Thursday only.

Physician NCAFP/AAFP Member @ \$425 (\$440 after June 4) .....\$ \_\_\_\_\_  
Physician Non-Member @ \$525 (\$540 after June 4) .....\$ \_\_\_\_\_  
FNP/PA/Other @ \$350 (\$365 after June 4) .....\$ \_\_\_\_\_  
Resident Physician @ \$95 .....\$ \_\_\_\_\_

**Registration Fees for Workshops Only**

Overactive Bladder Satellite Lunch (Monday) (Free - Non-CME / No spouses allowed) .....\$ \_\_\_\_\_  
MDD Satellite Lunch (Tuesday) (Free - Non-CME / No spouses allowed) .....\$ \_\_\_\_\_  
EHR Workshop @ \$105.00 (Friday) .....\$ \_\_\_\_\_  
SAMS Working Group @ \$135.00 (Friday) .....\$ \_\_\_\_\_  
Please provide ABFM# \_\_\_\_\_ or AAFP # \_\_\_\_\_  
EHR Vendor Showcase Satellite Luncheon (Friday) (Free - Non-CME / Non spouses allowed) .....\$ \_\_\_\_\_  
Procedures Workshop @ \$135.00 (Saturday) .....\$ \_\_\_\_\_

**Method of Payment:**  Check Enclosed

Visa  MasterCard  Amex  Discover

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

3-Digit Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Street \_\_\_\_\_

Billing City \_\_\_\_\_

Billing State \_\_\_\_\_ Bill Zip \_\_\_\_\_ Signature \_\_\_\_\_

Special Needs/Dietary Restrictions: \_\_\_\_\_

**Activities**

Monday - GOOD VIBRATIONS AT THE CAROLINA OPRY .....\$ \_\_\_\_\_

# \_\_\_\_\_ adults @ \$29.00 / # \_\_\_\_\_ children (0-17) @ \$15.00

Wednesday - GOLF ARCADIA SHORES .....\$ \_\_\_\_\_

Includes cart fee, greens fee and a boxed lunch. ....# \_\_\_\_\_ adults @ \$70.00 per person all inclusive.

**NCAFP/F Contribution** .....\$ \_\_\_\_\_

**Total Due** .....\$ \_\_\_\_\_

Please mail or fax this complete form with your check or credit card number to:

Meetings Department ~ NCAFP, Inc. • PO Box 10278 ~ Raleigh, NC 27605. For questions, please call: 919-833-2110 • 1-800-872-9482 (in NC) • 919-833-1801(fax) • katkinson@ncafp.com