

SPRING MEETING REGISTRATION FORM

March 25- March 28th, 2010
Kingsmill Plantation, Williamsburg, VA

Online Registration - You may complete this registration quickly and securely by visiting the Academy website at <http://www.ncafp.com/sfpw>. See *Register Online*

Refunds - Refunds (less a \$75 administrative fee) will be made upon receipt of a written request until February 22, 2010.

Name _____ Name on Badge _____ Credentials _____
Street Address _____
City _____ State _____ Zip _____ Preceptor Ribbon Yes
Email _____ Telephone _____ Fax _____

Meeting confirmations will be sent via email. Please print clearly.

REGISTRATION - Your registration fee includes (1) Syllabus, (1) Name Badge for access to the exhibit hall, all continental breakfasts, lunch and breaks.

To receive our Early Bird Registration rate, members of the NCAFP or the AAFP may complete the online registration process or fax/mail your completed registration form with full payment to NCAFP before February 22, 2010. Completed registration forms should include either a check made payable to North Carolina Academy of Family Physicians or a credit card number with expiration date. Payment must be received in Full by February 22, 2010 in order to receive the Early Bird Registration Rate. After this date, regular registration rates will apply regardless of when the form is received by the NCAFP. Non Members / FNP's/ PAs or Others - Please be sure to register at the correct rate. If you are not a member of the AAFP, you will need to register as a Non Member where indicated. If you happen to register at the incorrect or discounted rate, you will be placed on the waiting list and contacted for correct payment. **NOTE: Any and all registrations received without payment will be placed on our Waiting List until payment is received in full.**

Physician NCAFP/AAFP Member @ \$310 (\$325 after Feb. 22, 2010).....\$ _____
Physician Non-Member @ \$375\$ _____
FNP/PA/Other @ \$200.....\$ _____
Member Resident Physician @ \$35\$ _____
Non-Member Resident @ \$60.....\$ _____
Student @ \$25\$ _____
Inactive Member/Retired Member @ \$70\$ _____
Life Members @ \$150.....\$ _____

REGISTRATION ADD-ONS

Spouse/Guest Registration @ \$55 (Includes 1 name badge for access to the exhibits, continental breakfasts/breaks.).....\$ _____
Spouse/Guest Name for Badge _____
Student Buddys @ \$25# _____ \$ _____
NCAFP Foundation Contribution\$ _____

ALL REGISTRANTS WILL RECEIVE AN ELECTRONIC CD-ROM CONTAINING ALL LEARNING MATERIALS. LIMITED COPIES OF PRINTED MEETING SYLLABUS WILL BE AVAILABLE ON REQUEST.

OPTIONAL WORKSHOPS

Coding for Success Workshop (\$50).....\$ _____
 Cosmetic Procedures: An Introduction to Botulinum Type A Workshop (\$50)\$ _____
 EHR Workshop (\$50)\$ _____

BUSINESS MEETINGS ATTENDANCE - Please indicate if you plan to attend any one of the following NCAFP Councils:

Advocacy Council Health of the Public Council Practice Enhancement Council CME Council

ACTIVITIES & EVENTS

Night Golf & Family Fun (Indicate # of tickets in each category).....\$ _____
 ___ Golf & Dinner Adult Tickets \$60.00 ea. ___ Golf and Dinner Kids (12 & under) Tickets \$55.00 ea.
 ___ Dinner Only Adult Tickets \$31.00 ea. ___ Dinner Only Kids (12 & under) Tickets \$19.00 ea.
 Busch Gardens Tickets (Indicate # of tickets in each category) ___ Adults (\$58), ___ Children (\$48)\$ _____
 Williamsburg Winery Tour (\$10.25 for adults)\$ _____

METHOD OF PAYMENT: Visa MasterCard AMEX Discover Check Enclosed

Card Number _____
Name on Card _____
Expiration Date _____ Security Code (on Reverse) _____
Billing Street _____
Billing City _____ Billing State _____ Billing Zip _____

TOTAL PAYMENT DUE \$ _____

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 • 919-833-1801(fax)

In compliance with the Americans with Disabilities Act regulations, this program will be offered to all interested parties regardless of any special needs they may have. Please note any restrictions, including dietary on this form.