

PAFP Annual Meeting/SAM Study Group May 16 - 18, 2013

Registration Form

Registration Information (Please type or print legibly. Name badges will reflect this information.)

First and Last Name _____ Credentials (MD, DO) _____

Organization _____

Street Address _____

City, State, Zip _____

Phone _____ Email _____

Emergency Contact: Name _____ Phone _____

Do you or your spouse/guest/child have any special dietary needs (vegetarian, diabetic, other)?

I/we will be participating in the following:

SAM Study Group Thurs. May 16 8 am-4 pm Topic: Hospital Medicine	PAFP Members, including residents	AAFP Member from out of state	Non-Member
	___ \$149	___ \$189	___ \$219

PAFP Annual Business Meeting PAFP Members Only	Fri. 8:30 - 11:30am	#___ Adults (N/C)
Lila Stein Kroser, MD Memorial Lecture Lunch	Fri., Noon - 12:45 pm	#___ PAFP Mem (N/C) #___ Adult Guests(\$35) #___ Children under 15 (\$20)
PAFP Commission Meetings Thurs., 6:15 - 7:30 pm ___ Legal & Gov. Affairs (LGAC Commission members will have dinner immediately prior to the meeting starting at 5:30pm.)		
Fri. 1- 2:30 pm ___ Education ___ Finance ___ Practice Advocacy & Health of the Public ___ Membership ___ Resident & Student		
Presentation of Awards to: Family Physician, of the Year; Exemplary Educator; Foundation Supporters; Degree of Fellow Participants and the Installation of President and Officers	Fri., 5:15 - 6:30 pm	#___ Adults (N/C) #___ Children (N/C)
Celebration Dinner Dance (black tie optional)	Fri., 7 - 9:30 pm	#___ Adults (\$60) #___ Children under 15 (\$35)
Board Meeting	Saturday, 8 am	#___ Attending (N/C)
Meal & Event Fee Total _____		

Reward Points:

Please check if you have 10 reward points and would like to use your \$25.00 _____ Yes, I would like to use my reward points discount toward this SAM Study Group.

(Discount only available toward the SAM Study Group)

PAYMENT AND CANCELLATION INFORMATION

- **Payment must accompany registration**
- **No shows will be charged \$200.**
- **Refunds, if applicable, will be made upon request to the PAFP Foundation office if received by May 5, 2013. A \$50 administrative fee will be charged for all cancellations after May 5, 2013. Absolutely no refunds will be given after the close of business May 10, 2013.**

() I have read & understand the cancellation/credit card policies above.

() I am paying with a check made payable to the PAFP Foundation.

() I am paying with the following credit card: () VISA () MASTERCARD () AMERICAN EXPRESS

Name on Card if different than registrant: _____

Card# _____ Exp. Date _____ Card Security Code _____ (3 or 4 digits on back of card)

Credit Card Mailing Address: _____

City, State, Zip _____

TO REGISTER: MAIL Kate Fitting, PAFP Foundation, 2704 Commerce Drive, Suite A, Harrisburg, PA 17110

FAX 717-564-4235 **ONLINE:** www.pafp.com