

SCAFP Summer Break Away & Annual Assembly ~ June 12-16, 2016

Registration Form

Name: _____ Office #: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Spouse/Guest Name (if attending - for badge): _____

Children's Name/Ages (if attending - for badge): _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Date of Arrival: _____ Departure: _____ AAFP ID Number: _____

Do you have any special needs that require specific accommodations in order to participate? Yes No
 If yes, please notify us by 5/16/16 so that someone from the SCAFP Office can contact you in order to receive services.

Registration

The **registration fee** includes the continuing medical education, syllabus, Welcome Reception, access to the Exhibit Hall, Refreshment Breaks and Continental Breakfast, the Meet & Mingle Lunch and Membership Luncheon.

Please Check Appropriate Option Fee:

	Registration Fee	Total
<input type="checkbox"/> SCAFP/AAFP Physician Member	\$ 375	\$ _____
<input type="checkbox"/> SCAFP New Active Member (or 1st year in practice)	\$ 275	\$ _____
<input type="checkbox"/> SCAFP Board Member	\$ 275	\$ _____
<input type="checkbox"/> SCAFP Life Member	\$ 100	\$ _____
<input type="checkbox"/> Non-Member Physician	\$ 400	\$ _____
<input type="checkbox"/> NP,PA in SCAFP Members Office	\$ 325	\$ _____
<input type="checkbox"/> NP,PA in Non-Members Office	\$ 350	\$ _____
<input type="checkbox"/> SCAFP Resident member* <input type="checkbox"/> or <input type="checkbox"/> SCAFP Student Member*		\$ <u>N/C</u>
(*registration fee waived, however, tickets must be purchased for all Activities/Events)		
<input type="checkbox"/> Family Medicine Resident <input type="checkbox"/> or <input type="checkbox"/> Medical Student	\$ 60	\$ _____

Syllabus

- Syllabus - Provided via an internet link before meeting (included in the full registration fee)
 I prefer a printed syllabus \$ 50 \$ _____

Activities/Events

- Welcome Reception (Sun) \$ 0 # _____ \$ N/C
- Meet & Mingle Luncheon (Mon) Registrant ticket COMP (ticket must be requested) \$ N/C
- Past Presidents Luncheon (Tues.) **must be an SCAFP Past President** \$ 0 \$ N/C
- Skin Procedures 2.0 Workshop (Tues) *lunch provided* \$ 65 \$ _____
- Family Night Party (Tues) \$ 28 # _____ \$ _____
- Adult tickets
- Children tickets (ages 3-10) \$ 12 # _____ \$ _____
- Membership Luncheon (Wed.) Registrant ticket COMP (ticket must be requested) \$ N/C
- Additional Membership Luncheon tickets \$ 25 # _____ \$ _____
- SAMs Study Working Group Conference Attendee \$150 Non-Conference Attendee \$175
- Depression (Sunday pm) Well Child (Thursday pm) # _____ \$ _____

Grand Total \$ _____

Payment Method: Check # _____ (Payable to SCAFP) MasterCard VISA

Credit Card # _____ Expiration Date: _____

Security Code on card _____ Name on Card (Please print) _____

Address on File with MC/VISA (If different than Above) _____

Cardholder's Signature: _____

CANCELLATION POLICY: Refunds, minus an administrative fee, will be made upon written request to the SCAFP office if received by May 9, 2016. After that date, no refund will be given.

LIABILITY RELEASE: I waive and release any and all rights and claims for damages I may have against the SCAFP, its employees and representatives, for damages incurred during the course of this meeting realizing that the SCAFP staff has taken reasonable precautions to ensure my safety.

Signature: _____ Date: _____

Return completed form with payment to: SCAFP • PO Box 312 • Laurens, SC 29360 | Fax (864) 984-5666 | email: info@scafp.org