

SCAFP Summer Break Away & Annual Assembly ~ June 4-8, 2017

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 5/15/17 so that someone from the SCAFP Office can contact you in order to receive services.

Registration

The **registration fee** includes the continuing medical education, online syllabus, Welcome Reception, access to the Exhibit Hall, Refreshment Breaks and Continental Breakfast, Mix & 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* <u>or</u> <input type="checkbox"/> SCAFP Student Member*		\$ <u>N/C</u>

(*registration fee waived, however, tickets must be purchased for all Activities/Events)

Family Medicine Resident or Medical Student \$ 60 \$ _____

Syllabus

Syllabus - Provided via an internet link before meeting (included in the full registration fee)
 I prefer a printed syllabus \$ 65 \$ _____

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

Ultrasound Workshop (Tues) *lunch provided* \$ 65 \$ _____

Family Night "Mardi Gras" Party (Tues) Adult tickets \$ 28 # _____ \$ _____
 Children tickets (ages 3-10) \$ 12 # _____ \$ _____

Membership Luncheon (Wed.) Registrant ticket COMP (ticket must be requested) \$ N/C
 Additional Membership Luncheon tickets \$ 25 # _____ \$ _____

KSAs Working Groups (formerly SAMs) Conference Attendee \$150 Non-Conference Attendee \$175
 Hypertension (Sunday pm) Well Child *new* (Wednesday 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 2, 2017. 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