

SCAFP Summer Break Away & Annual Assembly ~ June 5-8, 2025

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 accommodation in order to participate? Yes No
 If yes, please notify us by 5/9/2025 so that someone from the SCAFP Office can contact you in order to receive services.

Registration

The **registration fee includes** the continuing medical education (including the Opioid Prescribing course), online syllabus, access to the Exhibit Hall, Refreshment Breaks and Continental Breakfast, Mix & Mingle Lunch and Installation Luncheon.

Please Check Appropriate Fee:

	Registration Fee	Total
<input type="checkbox"/> SCAFP/AAFP Physician Member	\$ 400	\$ _____
<input type="checkbox"/> SCAFP New Active Member (or 1st year in practice)	\$ 295	\$ _____
<input type="checkbox"/> SCAFP Board Member	\$ 295	\$ _____
<input type="checkbox"/> SCAFP Life Member	\$ 175	\$ _____
<input type="checkbox"/> Non-Member Physician	\$ 450	\$ _____
<input type="checkbox"/> APRN,PA in SCAFP Members Office	\$ 350	\$ _____
<input type="checkbox"/> APRN,PA in Non-Members Office	\$ 400	\$ _____
<input type="checkbox"/> SCAFP Resident member or <input type="checkbox"/> SCAFP Student Member*	\$ 25	\$ _____

(*registration fee waived, however, does not include activities or events, tickets must be purchased for Activities/Events)

Prescribing & Monitoring Controlled Substances : **2 Hour Course ONLY - Saturday June 7th.**
 Non-Conference Attendee **\$50**, I wish to only attend the 2 hour substance course \$ _____

Syllabus (Printed Syllabus not available)

Syllabus - Provided via an internet link before meeting (included in the registration fee)
 I prefer a USB drive \$45 \$ _____

Activities/Events

KSAs Working Group (Thursday 2-6PM) – Heart Disease
 Conference Attendee \$195 **KSA ONLY** for Non-Conference Attendee \$250 \$ _____

WORKSHOP- Point of Care Ultrasound (Thursday 3:15-5:15PM)
 Conference Attendee \$200 **WORKSHOP ONLY** for Non-Conference Attendee \$250 \$ _____

Past Presidents Breakfast (Fri) **must be an SCAFP Past President** \$ N/C

Mix & Mingle Luncheon (Fri.) **Registrant ticket COMP** (ticket must be requested) (No Guest tickets available) \$ N/C

Family Fun Night (Fri.) Adult Tickets \$44 # _____ \$ _____
 Child Tickets (ages 3-10) \$30 # _____ \$ _____

Installation Luncheon (Sat.) **Registrant ticket COMP** (ticket must be requested) \$ N/C
 Additional Luncheon tickets \$40 Adult Tickets # _____ \$30 Child Tickets # _____ \$ _____

Grand Total \$ _____

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

Credit Card # _____ Expiration Date: _____

Zip Code for 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, 2025.. After that date, no refunds 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 this meeting realizing that the SCAFP staff have 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