

# SCAFP Summer Break Away & Annual Assembly

June 14-19, 2010

## Registration Form

Name: \_\_\_\_\_ Office #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Spouse/Guest Name (if attending): \_\_\_\_\_

Children's Name (if attending): \_\_\_\_\_

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 6/2 so that someone from the SCAFP Office can contact you in order to receive services.

### REGISTRATION

The **registration fee** includes the continuing medical education, a CD syllabus, Ice Cream Reception, access to the Exhibit Hall, Refreshment Breaks and Continental Breakfast in the Exhibit Hall, and the Membership Luncheon.

**Please Check Appropriate Option Fee:**

	Entire Week	Thur/Fri/Sat	Fri/Sat	Total
<input type="checkbox"/> SCAFP Physician Member	\$ 350	\$ 250	\$ 185	\$ _____
<input type="checkbox"/> AAFP Out-of-State Member	\$ 375	\$ 275	\$ 210	\$ _____
<input type="checkbox"/> Non-Member Physician	\$ 400	\$ 300	\$ 235	\$ _____
<input type="checkbox"/> SCAFP Life Member	\$ 100	\$ 75	\$ 75	\$ _____
<input type="checkbox"/> SCAFP New Active Member (or 1st year in practice)	\$ 275	\$ 175	\$ 110	\$ _____
<input type="checkbox"/> RN,NP,PA in SCAFP Members Office	\$ 300	\$ 200	\$ 135	\$ _____
<input type="checkbox"/> RN,NP,PA in Non-Members Office	\$ 325	\$ 225	\$ 160	\$ _____
<input type="checkbox"/> SCAFP Resident member* or SCAFP Student Member* (*registration fee waived, however, tickets must be purchased for all Activities/Events)				\$ <u>N/C</u>
<input type="checkbox"/> FM Resident or <input type="checkbox"/> Medical Student	\$ 40	\$ 40	\$ 40	\$ _____

### Syllabus

- CD Syllabus (included in the full registration fee)
- I prefer a printed syllabus in place of the CD Syllabus \$ 30 \$ \_\_\_\_\_

### Activities/Events

- Family Movie night (Tues.) \$ 10 # \_\_\_\_\_ \$ \_\_\_\_\_  
 - **fee includes popcorn & soft drinks for up to 5 family members**
- Fellowship Breakfast (Wed.) \$ 12 # \_\_\_\_\_ \$ \_\_\_\_\_
- The Road to the Medical Home Workshop w/Lunch (Wed.) \$ 35 # \_\_\_\_\_ \$ \_\_\_\_\_
- Healthy Kitchens Demonstration Workshop (w/lite meal) (Wed) \$ 5 # \_\_\_\_\_ \$ \_\_\_\_\_
- Treatment of Major Depressive Disorder(MDD) Breakfast (Thurs.) \$ 0 # \_\_\_\_\_ \$ \_\_\_\_\_
- Past Presidents Luncheon (Thur.) *must be a SCAFP Past President* \$ 0 # \_\_\_\_\_ \$ N/C
- Ice Cream Welcome Reception (Thur.) *up to 4 comp. tickets with paid reg. fee* \$ 0 # \_\_\_\_\_ \$ N/C  
 Additional Ice Cream tickets \$ 5 # \_\_\_\_\_ \$ \_\_\_\_\_
- Membership Luncheon (Fri.) Registrant ticket COMP *(ticket must be requested)* \$ 18 # \_\_\_\_\_ \$ N/C  
 Additional Membership Luncheon tickets (Fri.) \$ 18 # \_\_\_\_\_ \$ \_\_\_\_\_
- Family Night Outing (Fri) \$ 24 # \_\_\_\_\_ \$ \_\_\_\_\_  
 Children tickets (ages 3-10) \$ 12 # \_\_\_\_\_ \$ \_\_\_\_\_

**Grand Total** \$ \_\_\_\_\_

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

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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 31 2010. 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: \_\_\_\_\_