

SCAFP Summer Break Away & Annual Assembly

June 14-18, 2011

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): _____

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 6/1/11 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	Total
<input type="checkbox"/> SCAFP Physician Member	\$ 350	\$ 250	\$ _____
<input type="checkbox"/> AAFP Out-of-State Member	\$ 375	\$ 275	\$ _____
<input type="checkbox"/> Non-Member Physician	\$ 400	\$ 300	\$ _____
<input type="checkbox"/> SCAFP Life Member	\$ 100	\$ 75	\$ _____
<input type="checkbox"/> SCAFP New Active Member (or 1st year in practice)	\$ 275	\$ 175	\$ _____
<input type="checkbox"/> RN,NP,PA in SCAFP Members Office	\$ 300	\$ 200	\$ _____
<input type="checkbox"/> RN,NP,PA in Non-Members Office	\$ 325	\$ 225	\$ _____
<input type="checkbox"/> SCAFP Resident member* or <input type="checkbox"/> 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	\$ _____

Syllabus

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

Activities/Events

- Coding Workshop (w/lunch) (Tue.) \$ 50 # _____ \$ _____
- Joint Exams/Injection Workshop (w/lunch) (Wed) \$ 50 # _____ \$ _____
- 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 \$ 6 # _____ \$ _____
- 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: _____

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 23, 2011. 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: _____

Mail or fax form with payable to: **SCAFP • PO Box 312 • Laurens, SC 29360 • (864) 984-7237 • Fax (864) 984-5666**