

# MAFP 20<sup>th</sup> Annual Family Medicine Update – April 11-13, 2012

## Registration Form

Date Received @ MAFP: \_\_\_ / \_\_\_ / 2012

Mail Completed form to: MAFP, PO Box 424, Hartland, ME 04943  
OR For Credit Card Payments: Fax completed form to: 207-938-5931

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Degree: (MD/DO/PA/NP/RN) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

AAFP Member?  Yes Membership ID#(for CME certificate): \_\_\_\_\_  Non-member

Office telephone: \_\_\_\_\_ Home/Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Check one Category:	Fees include meals for day(s) of registration. SAM Study Group fee April 11 <sup>th</sup> not included	Early - Until March 6 <sup>th</sup>	Late- March 7 <sup>th</sup> or after	Registration Fee Enclosed:
	MAFP/AAFP Member - 2 Day	\$ 300	\$ 350	
	Non-Member Physician - 2 Day	\$ 350	\$ 375	
	Non-Physician Medical Providers: PA/NP/FNP/RN - 2 Day	\$ 250	\$ 280	
	Family Medicine Resident - 2 Day	\$ 100	\$ 125	
	Family Medicine Resident - 1 Day - April 12 <sup>th</sup>	\$ 60	\$ 80	
	Family Medicine Resident - 1 Day - April 13 <sup>th</sup>	\$ 40	\$ 60	
	Medical Student	\$ 20	\$ 25	
	All Health Professionals- 1 Day - April 12 <sup>th</sup> Only - (other than Residents & Med Students)	\$ 190	\$ 220	
	All Health Professionals - 1 Day - April 13 <sup>th</sup> Only - (other than Residents & Med Students)	\$ 125	\$ 175	

Total Registration Fee: \$ \_\_\_\_\_

### SAM STUDY GROUP - Additional Fee Workshop:

I will attend:		Early Bird- Until March 6 <sup>th</sup>	Late- March 7 <sup>th</sup> or after	Total Additional:
	SAM Study Group – “Heart Failure” April 11 <sup>th</sup> My ABFM ID # _____ In order to enhance the learning experience for, all participants will be asked to prepare 6 questions (will be assigned by the facilitator)	\$ 50	\$ 75	

Total Workshop Fees: \$ \_\_\_\_\_

### Guest Meals:

(complete guest names on reverse)	Adult	# Adults	Child (<12 yo)	# Children	Total enclosed:
Guest Meals- 2 Day (All meals)	\$ 72		\$ 38		
Guest Meals- 1 Day - April 12 (B,L,D)	\$ 60		\$ 30		
Guest Meals- 1 Day- April 13 (B)	\$ 12		\$ 8		

Total Guest Fees: \$ \_\_\_\_\_

Total Payment Enclosed: \$ \_\_\_\_\_

## ALL REGISTRATIONS - Please Answer:

Wednesday, April 11<sup>th</sup>, Tour of Jackson Laboratory - Please check one:  Yes  No

(complete information on reverse for all attending - Required for security badge)

Thursday, April 12<sup>th</sup>, Dinner & Meeting (Included with paid April 11<sup>th</sup> registration – but need ticket to attend, guests sign up & pay above)

Please check one:  I will attend dinner  I will not attend dinner

Friday, April 13<sup>th</sup>, 12-6pm, afternoon conference, “Cancer in the Family: Primary Care Matters” - FREE

Please check one:  I will attend  I will not attend

\*\*Please note: SEPARATE REGISTRATION REQUIRED – FOR COMPLETE SCHEDULE AND TO REGISTRATION GO TO: [is www.mainedartmouth.org](http://www.mainedartmouth.org)

Method of Payment: ___ VISA ___ MC ___ Check # _____
Name on card/check (PRINT) _____ Expiration Date: Mo: _____ / Yr: _____
# _____ - _____ - _____ Signature _____ Date ___ / ___ / 2012

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***Registration Form***

***Please complete for Jackson Lab Tour:***

First Name (s):	Last Name (s):	Address	City	ST	ZIP

***Please complete for Guest Registrations:***

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Guest Names:	Check One: Adult	Child (<12yo)