

REGISTRATION FORM

Advanced Life Support in Obstetrics

Schedule & Registration online at www.alaskaafp.org

ALSO Alaska Family Medicine Residency

1201 E36th, Anchorage, AK

November 7-8, 2009

TO REGISTER complete this form and mail with payment to AKAFP, 35555 Spur Highway #266, Soldotna, AK 99669. Phone 907 258-2255, Fax 530 326-5612, E-mail akafp@gci.net. You may register online at www.alaskaafp.org. Please make hotel reservations separately. Hotel information is online.

PLEASE PRINT ALL INFORMATION

Name _____
First M.I. Last

Degree: MD _____ DO _____ PA _____ NP _____ Other _____

Address _____

_____ City State Zip

Phone () _____ Fax () _____ E-mail _____

Registration Fees

Registration fees include, all lectures and course materials. It also includes breakfast, lunch and snacks.

_____ **Non Member Physician - \$525.00** (cme credit)

_____ **AKAFP MEMBER, PA, NP - \$450.00** (cme credit)

_____ **RN, LPN - \$425.00** (cme credit)

Payment Information

___ Check enclosed, Payable to *Alaska Academy of Family Physicians*. ___ MasterCard/Visa

Card Number: _____ Expiration Date _____ CV card Code _____

Name on Card: _____ Signature: _____

Billing Address: _____ Billing Zip Code: _____

Please complete this form and mail it with payment to AK AFP 35555 Spur Highway #266 or fax it to (530) 326-5612