

# REGISTRATION FORM

Advanced Life Support in Obstetrics

**Schedule & Registration online at [www.alaskaafp.org](http://www.alaskaafp.org)**

**ALSO Alaska Family Medicine Residency**

**1201 E36th, Anchorage, AK 99508**

**November 13-14, 2010**

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](mailto:akafp@gci.net). You may register online at [www.alaskaafp.org](http://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 - \$550.00** (cme credit)

\_\_\_\_\_ **AKAFP MEMBER, PA, NP - \$475.00** (cme credit)

\_\_\_\_\_ **RN, LPN - \$450.00** (cme credit)

**Registration includes syllabus on CD**

**Hard copy notebook is available for an additional \$60.00**

**Total** \_\_\_\_\_

## 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