

REGISTRATION FORM

AKAFP 15th Annual Winter Update March 8-10, 2013

Name _____
First M.I. Last

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

Address _____

_____ City State Zip

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

Registration Fees

Registration fees include, syllabus, entrance to CME and exhibit hall. It also includes a hors'douvres reception on Friday night, continental breakfast, snacks, and lunch on Saturday

_____ **Non member Physician - \$375.00** (cme credit)

_____ **AKAFP Member, PA, NP - \$325.00** (cme credit)

_____ **Saturday - \$250** (cme credit)

_____ **Sunday - \$150** (cme credit)

_____ **Resident - \$175.00** (cme credit)

_____ **SAMS Workshop with Conference Registration - \$100.00**

_____ **SAMS Workshop only Registration - \$150.00**

SAMS Workshop Registration \$100.00 with conference registration \$150.00 without registration.

Check 1 workshop

_____ Workshop I hands on workshop to be announced

_____ *Workshop II SAMS Module

*This workshop is designed to assist Family Physicians with the ABFM Maintenance of Certification requirements.

Payment Information

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

Card Number: _____ Expiration Date _____ CV card Code _____

Name on Card: _____ Signature: _____

Billing Address: _____ Billing Zip Code: _____

FOR AKAKP ONLY

Payment received on _____

_____ Check _____ CC Received by _____