

REGISTRATION FORM

AKAFP 23rd Annual Scientific Congress

Register online at www.alaskaafp.org

Juneau, AK June 12-15, 2008

Centennial Hall, Juneau, Alaska

TO REGISTER complete this form and mail with payment to AKAFP, 35555 Kenai Spur Highway #266, Soldotna, AK 99669. Phone 907 258-2255, Fax 530 326-5612, E-mail akafp@gci.net. You will find conference schedule, information and online registration at www.alaskaafp.org.

PLEASE PRINT ALL INFORMATION

Name _____
First M.I. Last

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

Address _____

City State Zip

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

Spouse/Guest (if registering) _____
First M.I. Last

Registration Fees

Registration fees include, syllabus, entrance to CME and exhibit hall. It also includes a daily continental breakfast, snacks, lunch on Thursday and Saturday and a ticket to the Presidents Reception on Saturday night.

_____ AKAFP Alaska Member Physician - \$325.00 (cme credit)

_____ Physician - \$425.00 (cme credit)

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

_____ One Day - \$150.00 (cme credit) Thursday or Saturday

_____ One Day - \$100.00 (cme credit) Friday or Sunday-short days

_____ Non Physician Guest - \$75.00 (no cme credit)-only register guest if they want a syllabus and entrance to lectures. Event tickets can be purchased separately.

Payment Information

_____ Check enclosed, Payable to *Alaska Academy of Family Physicians*. _____ MC/Visa/Amex

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 AKAFP, 35555 Spur Highway #266, Soldotna, AK 99669 or fax it to (530) 326-5612. A receipt will be emailed when payment received.

