

# REGISTRATION FORM

AKAFP 11<sup>th</sup> Annual Winter Update March 13-15, 2009

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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 - \$240** (cme credit)

\_\_\_\_\_ **Sunday - \$140** (cme credit)

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

## 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: \_\_\_\_\_

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FOR AKAKP ONLY

Payment received on \_\_\_\_\_

\_\_\_\_\_ Check \_\_\_\_\_ CC

Received by \_\_\_\_\_