



NAFP 61st Annual Meeting and Scientific Assembly

April 2 - 4, 2009

Embassy Suites Hotel (402) 474-1111



Name _____ Professional Designation (circle one): M.D. D.O. PA-C R.N. Other: _____

Preferred Name for Nametag: _____

Send Confirmation to Address: _____

City, State, Zip _____ Office Phone _____

This is my preferred AAFP/NAFP address: Yes No Please update my e-mail address: _____

Full **2 Days** (check 2 boxes) **1 Day** (check 1 box)
(All 3 Days) Thurs Friday Sat Thurs Friday Sat

<input type="checkbox"/> Physician	\$325	\$275	\$150
<input type="checkbox"/> Life/Inactive	\$125 Banquet Additional	\$100 Banquet Additional	\$50 Banquet Additional
<input type="checkbox"/> Resident/Student	N/C Meals Additional	N/C Meals Additional	N/C Meals Additional
<input type="checkbox"/> Non Members	\$375	\$325	\$200

Please indicate syllabus preference (Included in Registration Cost):

Printed Syllabus Flash Drive

Meal Registration for Registrants & Guests You and your guest **MUST** reserve meals **BELOW!**

Paid registration includes all breaks & one complimentary ticket to each of the following [depending on day(s) registered]:
Thursday Buffet Lunch, Thursday CME/Dessert, Friday Lunch, Friday Banquet, and Saturday Lunch.

	Attendee No Charge	Guest(s)	Residents/Students	Life Members
Thursday Lunch	_____	Thursday Lunch (\$15.00) _____	Thursday Lunch (\$10.00) _____	Thursday Lunch (N/C) _____
Thurs CME/Event	_____	_____	Thurs CME/Event (N/C) _____	Thurs CME/Event (N/C) _____
Friday Lunch	_____	Friday Lunch (\$15.00) _____	Friday Lunch (\$10.00) _____	Friday Lunch (N/C) _____
Friday Banquet	_____	Friday Banquet (\$35.00) _____	Friday Banquet (\$25.00) _____	Friday Banquet (\$35.00) _____
Saturday Lunch	_____	Saturday Lunch (\$15.00) _____	Saturday Lunch (\$10.00) _____	Saturday Lunch (N/C) _____

Vegetarian or Special Diet Request: _____

Complimentary breakfast and social hour are provided to guests staying at the Embassy Suites Hotel.

If you are not staying at the hotel please indicate if you would like to purchase a ticket for breakfast or the social hour (\$10.00 each ticket).

_____ Thursday Breakfast _____ Thursday Social Hour _____ Friday Breakfast _____ Friday Social Hour _____ Saturday Breakfast

Registration Fee _____
 Late Fee (after 03/27/09) - \$25 _____
 Guest Meal Totals _____
 Resident/Student Meals _____
 Life Member Banquet _____
 Hotel Breakfast/Reception Tickets _____
 Foundation Laptop Raffle Ticket _____

IF YOU HAVE QUESTIONS, PLEASE CALL THE
 NAFP OFFICE:
 (402) 505-9198
 (800) 735-1237

(applicable only if **not** staying at hotel)
 If interested in entering the Foundation raffle, tickets are \$25.00 each
You need not be present to win!

Total Registration Fees _____ (Checks Accepted Payable to NAFP/Unable to Accept Credit Card Payment)

Mail this form with payment to the NAFP:

11920 Burt Street, Suite 170
Omaha, NE 68154-1598
(402) 505-9198 • (800) 735-1237

Or FAX the form separate from your payment: (402) 505-9281

Questions: Contact Linda at lsteinbrink@nebrafp.org

(For NAFP use only)

Date of Check: _____ Check Number: _____

Amount Paid: _____ Amount Due: _____

Check Name (if different than attendee): _____

Date Confirmation Letter Sent: _____