

2008 LAFP Annual Assembly & Exhibition

Registration Form

Sandestin Resort, Destin, Florida, July 3 - 6, 2008

Name: _____ AAFP ID#: _____ Specialty (if non-member) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____ Spouse/Guest Attending: _____

Children's Names(s) & Age(s) Attending: _____

How did you hear about this meeting? _____ LAFP Mailing/website, AAFP Website, Colleague, Other.

Please check if you require special accommodations (dietary restriction) to participate in this activity. You will be contacted regarding your needs.

Would you like your syllabus in the form of: Binder with handouts CD of presentations

Check-off all events you plan to attend. If doubtful please leave blank.

These events are complimentary to registrants, however RSVP is required. Additional tickets may be purchased on the reverse side of this form.

Thursday, July 3, 2008

Breakfast with Exhibitors / CME (registrants only) Refreshment Break (registrants only)

Foundation Welcome Reception/ Auction Luau (RSVP Required)

Friday, July 4, 2008

Breakfast with Exhibitors / CME (registrants only) General Assembly (LAFP members only)

Refreshment Break (registrants only)

Saturday, July 5, 2008

Breakfast with Exhibitors/ CME (registrants only) Refreshment Break (registrants only)

Lunch with Exhibitors (registrants only) Cocktail Reception (RSVP Required)

Awards & Installation Dinner (RSVP Required) President's Reception/Dance (RSVP Required)

Sunday, July 6, 2008

Breakfast/ CME (registrants only) Lunch (registrants only)

REGISTRATION FEES

	THU	FRI	SAT	SUN	FULL	TOTAL
LAFP/AAFP ACTIVE MEMBER	\$125	\$125	\$125	\$125	\$450	\$ _____
Early Bird Discount—Postmarked on/before: May 3-deduct \$50, June 3-deduct \$25						\$ _____
LAFP/AAFP FP RESIDENT & LIFE MEMBERS	\$ 75	\$ 75	\$ 75	\$ 75	\$250	\$ _____
LAFP STUDENT MEMBERS (Registration Fee is complimentary; however, pre-registration is required and social tickets are not included). A special \$75 Social Ticket Package is offered to students only - which includes tickets to meal functions, including CME events, Awards & Installation Dinner, and President's Reception. Indicate day(s) attending or full week: _____						
NON-MEMBER (Specialty _____)	\$150	\$150	\$150	\$150	\$475	\$ _____
Registration Total						\$ _____

GUEST REGISTRATION & EXTRA TICKETS (tickets purchased onsite will be assessed a \$10 additional charge)

Adult Guest Registration \$125: Includes Foundation Auction Luau, Awards & Installation Dinner and President's Reception. Does not include Golf & Tennis Tournaments. You must register separately for these two events.

Child Registration \$70: Includes (included in child registrations-ages (ages 4-12) Foundation Auction Luau, and Awards & Installation Dinner/President's Reception or Kids Night Out.

Guest Name badge will enable entrance to all included events. Tickets may also be issued for each event.

Name for Badge: _____ Circle: Adult/Child Name for Badge: _____ Circle: Adult/Child

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SEND COMPLETED FORM WITH PAYMENT TO:

Louisiana Academy of Family Physicians - 919 Tara Boulevard - Baton Rouge, Louisiana 70806

Phone: 800-375-5237 or 225-923-3313 Fax: 225-923-2909 Email: academy@lafp.org Website: www.lafp.org (online registration available)

LAFP 61st Annual Assembly & Exhibition

Social Ticket A-la-carte prices: (tickets purchased onsite will be assessed a \$10 additional charge)

Thursday, July 3, 2008

- Foundation Golf Tournament – 1:30 pm – 5:00 pm
_____ # x \$125 = \$_____ Name(s): _____
- Foundation Auction Luau – 7:00 pm - 10:00 pm
_____ # x \$ 50 (Adult) = \$_____ Name(s): _____
_____ # x \$ 25 (Child Ages 4 – 12) = \$_____ Name(s): _____

Saturday, July 5, 2008

- Foundation Tennis Tournament – 2:00 pm – 5:00 pm
_____ # x \$ 50 = \$_____ Name(s): _____
- Kids Night Out (Ages 4-12) – 7:00 pm - 12:00 am
_____ # x \$ 50 = \$_____ Name(s): _____
- Awards/Installation Dinner – 7:00 pm - 9:00 pm
_____ # x \$ 60 (Adult) = \$_____ Name(s): _____
_____ # x \$ 35 (Child Ages 4 – 12) = \$_____ Name(s): _____
- President's Reception/Dance – 9:00 pm – 12:00 am
_____ # x \$ 25 (Adult) = \$_____ Name(s): _____
_____ # x \$ 15 (Child Ages 4 – 12) = \$_____ Name(s): _____

Social Tickets Total Due \$_____

SPECIAL CONTRIBUTIONS:

Sponsorship of students' attendance at Assembly @ \$75 each \$_____

Optional-Designation of funds: School(s) _____ or Student(s) _____

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Donation(s) to LAFP Foundation for: Tar Wars Jean Aitken Fund General Fund \$_____

F.P. Bordelon Lectureship Fund

TOTAL AMOUNT DUE \$_____

PAYMENT MODE

Check enclosed payable to LAFP Check # _____ OR I prefer to use a credit card: V/MC/DSC/AE

Card Number: _____ Expiration Date: _____

Card Holder's Name: _____ 3 digit code: _____

Billing Address: _____

Signature: _____

NOTE: Refunds, less a \$100 Administrative Fee will be made upon receipt of written request until June 3. See brochure for cancellation policy. AFP Student members are invited to attend our CME activities, Continental Breakfasts, Breaks, and Exhibits at no charge, but pre-registration is required (Special \$75 Social ticket package is offered to students only).

----- FOR LAFP USE -----

Payment(s) Received: Date: _____ Payment1: _____ Date: _____ Payment 2: _____