

# SAVE THE DATE: 2009 Winter Meeting Southern Caribbean Cruise • Celebrity Summit January 24 - January 31, 2009



## 2009 Winter Getaway Sponsored by the Iowa and Nebraska Academy of Family Physicians

### REGISTRATION TYPE

|  |           |          |
|--|-----------|----------|
| AAFP Member Registration Fee                       | \$550     | \$ _____ |
| AAFP Member & New Physician (in practice <7 years) | \$450     | \$ _____ |
| Physician Non-Members                              | add \$100 | \$ _____ |
| NP/PA employed by AAFP Member _____                | \$325     | \$ _____ |
| NP/PA not employed by member                       | add \$250 | \$ _____ |
| Resident AAFP Member                               | \$275     | \$ _____ |
| Student AAFP member                                | \$0       | \$ _____ |
| *Early Registration (July 15, 2008 or before)      | \$75 off  | \$ _____ |

**CALL FOR SPEAKERS:** This meeting would not be successful without the excellent speakers who deliver such high quality CME. The IAFP offers a \$350 honorarium for each topic presented. This is a great way to offset the costs of your trip! Hurry, as slots are filling up and we want to ensure that all speakers have an opportunity. Please respond prior to July 15, 2008!

**SPEAKER INFORMATION:** Receive a \$350 honorarium per 1 hour topic. Please list topic(s) below:

Please return this portion in an envelope to: IAFP, 100 East Grand Ave. Suite 170, Des Moines, IA 50309

**COST OF CRUISE:** Cost per person: \$1288.57, Verandah Stateroom \* Cost PP incl. cruise, taxes, fees, and onboard gratuities

**PAYMENT:** Registration Form and Deposit of \$250 due by: September 1, 2008. Final Payment due by: November 1, 2008.

### CANCELLATION POLICIES:

- Guests who cancel between September 1, 2008 and November 1, 2008 will be charged a cancellation fee of \$100 per guest.
- Guests who cancel between November 2, 2008 and December 1, 2008 will be charged a cancellation fee of \$250 per guest.
- Cancellations between December 2, 2008 and January 1, 2009 will be charged a cancellation fee of 50% of total price of cruise.
- Guests who cancel after January 1, 2009 will not receive a refund.
  - \* The above cancellation fees apply to those guests who do not purchase travel insurance.
  - \* Travel insurance must be purchased before final payment.
  - \* There is a \$50 name change fee for any name changes made after final payment.

### HOW TO REGISTER:

To register by email please email form and credit card information to [katy@leisurecorptravel.com](mailto:katy@leisurecorptravel.com)  
 To register by fax please fax form and credit card information to LeisureCorp Travel at 312-563-1445  
 To register by mail complete form and send to the IAFP office  
 To register by phone please contact LeisureCorp at 1-866-799-2499  
 For more information or questions contact Katy Green at LeisureCorp Travel at 1-866-799-2499 or [katy@leisurecorptravel.com](mailto:katy@leisurecorptravel.com).

### CRUISE REGISTRATION FORM:

**Optional Additional Features:** Cruise Care Travel Insurance: \$59 per person Yes \_\_\_\_\_ No \_\_\_\_\_  
 Roundtrip Airport Transfers: \$29.50 per person Yes \_\_\_\_\_ No \_\_\_\_\_

Name (legal): (1st person in cabin) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Name (legal): (2nd person in cabin) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Address (cty, st, zip) \_\_\_\_\_

Ph.# \_\_\_\_\_ Fax \_\_\_\_\_ Emergency Ph# \_\_\_\_\_

E-mail \_\_\_\_\_

Credit Card Type - please circle AX Visa MasterCard Discover

Name \_\_\_\_\_ Exp. Date \_\_\_\_\_ CC # \_\_\_\_\_ CCV Code(back of card) \_\_\_\_\_

Please circle amount to be charged: Deposit \$250 OR Full Payment \$ \_\_\_\_\_

Charge Date \_\_\_\_\_ Signature \_\_\_\_\_