

77th Annual Assembly & Exhibition

2024

July 25-28, 2024
Sandestin Golf & Beach Resort
Destin, FL

Visit www.lafp.org for details!

REGISTRATION FORM

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

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

How did you hear about this meeting? _____

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

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

These events are included in full registrations, however RSVP is required. Additional tickets may be purchased on the reverse side of this form.

Thursday, July 25, 2024

- CME Virtual Sessions
- CME Sessions (In-person)
- Breakfast with Exhibitors
- Lunch with Exhibitors
- Refreshment Breaks
- Foundation Golf Tournament
- Welcome Reception

Friday, July 26, 2024

- CME Virtual Sessions
- CME Sessions (In-person)
- Breakfast with Exhibitors
- Refreshment Break
- General Assembly Meeting
- Awards & Installation Ceremony
- President's Party/Foundation Fundraiser

Saturday, July 27, 2024

- CME Virtual Sessions
- CME Sessions (In-person)
- Breakfast with Exhibitors
- Refreshment Break
- Lunch (boxed)

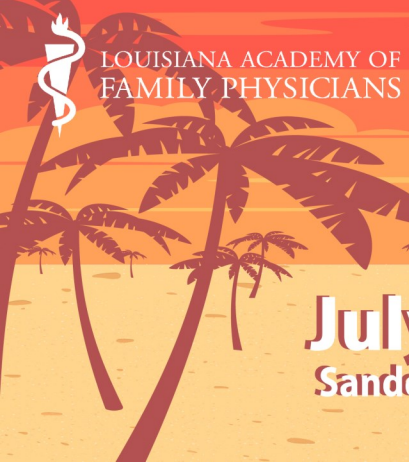
Sunday, July 28, 2024

- CME Virtual Sessions
- Non-CME Breakfast Symposium
- CME Sessions (In-person)

REGISTRATION FEES

		THU	FRI	SAT	SUN	FULL	TOTAL
LAFP/AAFP ACTIVE MEMBER	In-person Fee	\$150	\$150	\$150	\$150	\$550	\$ _____
	Virtual Fee (CME ONLY)	\$125	\$125	\$125	\$125	\$500	\$ _____
LAFP/AAFP LIFE MEMBERS	In-person Fee	\$ 100	\$ 100	\$ 100	\$ 100	\$400	\$ _____
	Virtual Fee (CME ONLY)	\$ 75	\$ 75	\$ 75	\$ 75	\$300	\$ _____
LAFP/AAFP RESIDENT MEMBERS	In-person Fee	\$ 75	\$ 75	\$ 75	\$ 75	\$250	\$ _____
	Virtual Fee (CME ONLY)	\$ 65	\$ 65	\$ 65	\$ 65	\$200	\$ _____
LAFP STUDENT MEMBERS	In-person Fee	FREE	FREE	FREE	FREE	FREE	\$ _____
NON-MEMBER	In-person Fee	\$175	\$175	\$175	\$175	\$650	\$ _____
	Virtual Fee (CME ONLY)	\$150	\$150	\$150	\$150	\$600	\$ _____
Registration Total							\$ _____

Please send completed registration form to:
LAFP | 919 Tara Boulevard | Baton Rouge, LA 70806 | Fax: 225-923-2909
Room block deadline is June 21, 2024. Call 800-320-8115 and use Group Code: 24S5ME.



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GUEST REGISTRATION & SOCIAL TICKETS

GUEST REGISTRATION

Guest registration is \$80 for an adult or child. Includes admission into the Welcome Reception, Awards & Installation Ceremony and President's Party/Foundation Fundraiser.

	_____ # (of guests) x \$ 80 each	= \$ _____
Badge Name: _____	Circle: Adult/Child _____	Child's Age (if applicable) _____
Badge Name: _____	Circle: Adult/Child _____	Child's Age (if applicable) _____
Badge Name: _____	Circle: Adult/Child _____	Child's Age (if applicable) _____
Badge Name: _____	Circle: Adult/Child _____	Child's Age (if applicable) _____

SOCIAL EVENTS & EXTRA TICKETS

Thursday, July 25, 2024

Foundation Golf Tournament _____ # (of players) x \$ 150 each = \$ _____

Name (s): _____

Friday, July 26, 2024

Awards and Installation Ceremony _____ # (of guests) x \$ 40 each = \$ _____

Name (s): _____

President's Party and Foundation Fundraiser _____ # (of guests) x \$ 50 each = \$ _____

Name (s): _____

A-la-Carte Tickets Total \$ _____

SPECIAL CONTRIBUTIONS

Sponsorship of students' attendance at Assembly _____ # (of students) x \$ 75 each = \$ _____

Donation(s) to LAFP Foundation for: _____ = \$ _____

Fleming Fund F.P. Bordelon Lectureship Fund Gehringer Fund General Fund

Jean Aitken Fund Tar Wars Tulane Fund Resident Award of Excellence

Contributions Total \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT METHOD

Check enclosed payable to LAFP Check # _____ OR I prefer to use: Visa MasterCard Discover

Card Number: _____ Expiration Date: _____

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

Billing Address: _____

Signature: _____ Date: _____

NOTE: Refunds, less a \$100 administrative fee will be made upon receipt of written request until April 25, 2024.