

Save the Date!



79th Annual Assembly & Exhibition

ME 2026

July 23-26, 2026
Destin, FL

 LOUISIANA ACADEMY
of FAMILY PHYSICIANS

 Sandestin
Golf and Beach Resort

REGISTRATION FORM

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

First Name: _____ Last Name: _____ Designation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ 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.

Full registrations include tickets to all social events. Daily registrations require tickets to be purchased for the social events and can be found on the reverse side of this form. RSVP is required and appreciated.

Thursday, July 23, 2026

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

Friday, July 24, 2026

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

Saturday, July 25, 2026

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

Sunday, July 26, 2026

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

REGISTRATION FEES

		THU	FRI	SAT	SUN	FULL	TOTAL
LAFP/AAFP ACTIVE MEMBER	In-person Fee	\$200	\$200	\$200	\$200	\$600	\$ _____
	Virtual Fee (CME ONLY)	\$175	\$175	\$175	\$175	\$550	\$ _____
LAFP/AAFP LIFE MEMBERS	In-person Fee	\$ 175	\$ 175	\$ 175	\$ 175	\$500	\$ _____
	Virtual Fee (CME ONLY)	\$ 150	\$ 150	\$ 150	\$ 150	\$450	\$ _____
LAFP/AAFP RESIDENT MEMBERS	In-person Fee	\$ 125	\$ 125	\$ 125	\$ 125	\$300	\$ _____
	Virtual Fee (CME ONLY)	\$ 100	\$ 100	\$100	\$ 100	\$250	\$ _____
LAFP STUDENT MEMBERS	In-person Fee	FREE	FREE	FREE	FREE	FREE	\$ _____
NON-MEMBER	In-person Fee	\$225	\$225	\$225	\$225	\$700	\$ _____
	Virtual Fee (CME ONLY)	\$200	\$200	\$200	\$200	\$650	\$ _____
Registration Total							\$ _____

Please send completed registration form to address below or scan the QR code to register online.

LAFP | 919 Tara Boulevard | Baton Rouge, LA 70806 | Fax: 225-923-2909

Rooms are available at the Sandestin Golf & Beach Resort and Hotel Effie. Deadline to book rooms is June 19, 2026.



Save the Date!



79th Annual Assembly & Exhibition

FM 2026

July 23-26, 2026 Destin, FL

 LOUISIANA ACADEMY
of FAMILY PHYSICIANS

 Sandestin
Golf and Beach Resort

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 FM Celebration / 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 23, 2026

[] Foundation Golf Tournament	_____ # (of players) x \$ 150 each	= \$ _____
Name (s): _____		

Friday, July 24, 2026

[] Awards and Installation Ceremony	_____ # (of guests) x \$ 40 each	= \$ _____
Name (s): _____		

[] FM Celebration 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 \$ 100 each	= \$ _____
Donation(s) to LAFP Foundation for:		= \$ _____

[] General Fund [] Fleming Fund [] Gehringer Fund [] Tulane Fund [] Resident Award of Excellence
[] F.P. Bordelon Lectureship Fund [] Jean Aitken Fund

Contributions Total \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT METHOD

Check Visa MasterCard Discover American Express

NOTE: A non-refundable 3.5% credit card process fee will be applied to all credit card payments.

Name on card _____ Card Number _____

Exp Date _____ CVC _____ Billing Zip Code _____

Signature _____ Print Name _____ Date _____

NOTE: Refunds, less a \$100 administrative fee will be made upon receipt of written request until April 23, 2026.