



61ST Annual Session & Scientific Assembly

SAN ★ ANTONIO

JULY 21-25, 2010 ~ WESTIN RIVERWALK ~ HENRY B. GONZALEZ CONVENTION CENTER

REGISTRATION INFORMATION

Complete each section of the form to indicate all events you would like to attend.

Name _____ Degree _____

Specialty _____

Address _____

City/State/ZIP _____

Phone/Fax _____

E-mail _____

Emergency contact name and phone _____

Special needs required.

Description _____

GENERAL REGISTRATION FEE

	On or before June 27	After June 27
<input type="checkbox"/> AAFP/TAFP Member	\$250	\$350
<input type="checkbox"/> New Physician Member (out of residency for six years or fewer)	\$200	\$300
<input type="checkbox"/> Non-Member Physician and Other Health Professional	\$350	\$450
<input type="checkbox"/> AAFP/TAFP Life Member	FREE	FREE
<input type="checkbox"/> Resident Member	FREE	FREE
<input type="checkbox"/> Student Member	FREE	FREE

Registration fee: \$ _____

BONUS NPI WORKSHOP

- Office and Musculoskeletal Ultrasound \$950
 Wednesday, July 21, 8:30 a.m. - 5:45 p.m.
 Thursday, July 22, 8 a.m. - 12 p.m.

Workshop fee: \$ _____

SAM WORKSHOP ON ASTHMA

- Wednesday, July 21, 9 a.m. - 4 p.m. \$200

ABFM ID# _____ Workshop fee: \$ _____

SPECIAL EVENTS

Please use the quantity column to denote the total number in your party attending each event.

	Attendee	Guest	QTY
President's Gala			
Adults	\$40	\$40	_____ \$ _____
Children 12 and under		\$20	_____ \$ _____
SMAC Breakfast	Free	\$25	_____ \$ _____
Foundation VIP	\$100	N/A	_____ \$ _____

TOTALS

Enter Total for Registration Fee	\$ _____
Enter Total for NPI Workshop	\$ _____
Enter Total for SAM Workshop	\$ _____
Enter Total for Special Events	\$ _____
Enter Total for Physicians with Heart Donation	\$ _____
Enter Total for TAFP Foundation Donation	\$ _____
TOTAL DUE	\$ _____

PAYMENT INFORMATION

- Check Visa MasterCard American Express

Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

To receive a refund, cancellation must be communicated to TAFP no later than June 27, 2010. A \$75 cancellation fee will be charged on all refunds.

Check here if you do not wish for TAFP to share your contact information with our exhibitors. Phone Fax E-mail

Fax this form to (512) 329-8237, or mail to Texas Academy of Family Physicians, 12012 Technology Blvd., Ste. 200, Austin, Texas 78727.

Questions? Call (512) 329-8666 ext. 36.