

Instructions: Complete form and return to MAFP. Please submit individual registration forms for each attendee.



<u>Registration Fees</u>	<u>Regular</u>	<u>After 02/01/12</u>
<input type="checkbox"/> Active/Supporting AAFP Member	\$125.00	\$150.00
<input type="checkbox"/> First Time Attendee A/S AAFP Member	\$115.00	\$140.00
<input type="checkbox"/> Physician Office/Nurse Manager/Staff	\$ 75.00	\$100.00
<input type="checkbox"/> Retired/Life AAFP Member	\$105.00	\$130.00
<input type="checkbox"/> Resident/Fellow AAFP Member	No Charge	No Charge
<input type="checkbox"/> Student Member/Non Member	No Charge	No Charge
<input type="checkbox"/> Physician Non-Member	\$175.00	\$200.00
<input type="checkbox"/> Retired Physician Non-Member	\$150.00	\$175.00
<input type="checkbox"/> Allied Health Professional	\$125.00	\$150.00
<input type="checkbox"/> Retired Allied Health Professional	\$105.00	\$130.00
<input type="checkbox"/> Guest Lunch #_____	\$ 20.00	\$_____
<input type="checkbox"/> Contribution to the MAFP Foundation to Support Medical Student Initiatives		\$_____
TOTAL ENCLOSED		\$_____

Name: _____ Professional Title: MD DO NP PA-C Other: _____

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

Phone: _____ Email: _____

Payment Method: Check # _____ (Payable to MAFP) MasterCard VISA AMEX

Credit Card # _____ Expiration Date: _____ 3 Digit Code _____

Name on Card (Please Print): _____

Address On File With Visa/MC (If Different Than Above) _____ Zip: _____

Cardholder's Signature: _____

Send Completed Form With Payment To:

Maryland Academy of Family Physicians * 5710 Executive Drive, Suite 104 * Baltimore, MD 21228
 Phone: 410-747-1980 * Fax: 410-744-6059 * Email: info@mdafp.org * Website: www.mdafp.org