***2024 REGISTRATION***

Registration can be completed online at <http://www.ndafp.org/bigsky.php>or fees should be mailed to NDAFP, PO Box 426, Hazen, ND 58545. If you need to cancel a registration that has already been submitted, the registration fee, less a $50.00 administrative charge, will be refunded if written cancellation is received at least one month prior to the meeting.

Residents in out-of-state residency programs will be charged a reduced fee. Verification of enrollment in a residency program must accompany the registration fee sent to the NDAFP. There is no registration fee for North Dakota residents or medical students but a completed registration form is required.

**Register online at** http://www.ndafp.org/cme/big-sky-conference/

AAFP ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: (Please circle one) MD DO PA PharmD Other\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                3 Day     5 Day

                                                (M-W)  (M-F)

NDAFP Members             $500       $650

All other MDs, Dos          $550       $700

PA, NP, Retired MD, &   $425       $500

Out of state Residents

ND Students and Residents     FREE

\*\*Please register to assure accurate food counts.

Credits Available              14.25     21.25

**Registration Fee** $ \_\_\_\_\_\_

Meals and Special Events- (# Attending)

Tuesday Family Movie: (Free of charge) Adults \_\_\_\_\_\_\_ Children\_\_\_\_\_\_

Wednesday Evening Dinner:

Attendee (Free) \_\_\_\_\_

Additional Adults ($30each) \_\_\_\_\_

Children (Age 5-15) ($20 each) \_\_\_\_\_

**Additional Dinner Tickets** $\_\_\_\_\_\_\_\_

**TOTAL** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Method:

Check: \_\_\_\_\_\_ (Pay to the order of **NDAFP**)

Credit Card: \_\_\_\_\_\_ Visa\_\_ MC \_\_\_ DSC \_\_\_ AMEX \_\_\_

Credit card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_ CCV Code \_\_\_\_\_\_\_\_

Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address (if different from above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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