

2018 FAMILY MEDICINE UPDATE

REGISTRATION FORM— Please send this form to
NDAFP, PO Box 426, Hazen, ND 58545.

Or 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 _____

	Before Dec. 1 st	***After December 1 st add \$50
	3 Da	5 Day
	(M-W)	(M-F)
NDAFP Members	\$425	\$575
All other MDs, Dos	\$475	\$625
PA, NP, Retired MD, & Out of state Residents	\$350	\$425

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 (\$25/each) _____

Children (Age 5-15) (\$15 each) _____

Additional Dinner Tickets \$ _____

TOTAL \$ _____

****Please note the NDAFP is able to accept credit cards.**

Payment Method:

Check: _____ (Pay to the order of **NDAFP**)

Credit Card: _____ Visa__ MC __ DSC __ AMEX __

Credit card # _____ Expiration Date _____

Name on Card: _____

Signature: _____

Billing Address (if different from above) _____
