

2025 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 (T-TH)
NDAFP Members	\$600
All other MDs, Dos	\$650
PA, NP, Retired MD, & Out of state Residents	\$550

ND Students and Residents FREE
**Please register to assure accurate food counts.

Credits Available 15
Do you plan to attend: In Person _____ Virtual _____

Registration Fee \$ _____

Special Events- (# Attending)
Tuesday Family Movie: (Free of charge) Adults _____ Children _____

****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 _____ CCV Code _____
Name on Card: _____
Signature: _____
Billing Address (if different from above) _____

