

NORTH DAKOTA ACADEMY OF FAMILY PHYSICIANS- BIG SKY FAMILY MEDICINE UPDATE

REGISTRATION FORM— Please send this form to NDAFP, 501 N Columbia Rd, Grand Forks, ND 58203.

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

of Adults _____ # of Children _____

Before Dec. 1 After Dec. 1

North Dakota AFP Members:	\$475 _____	\$525 _____
All other physicians, FNP's, PA's, RN's and other Specialities:	\$550 _____	\$600 _____
Residents—Outside of North Dakota*	\$325 _____	\$375 _____
North Dakota Residents & All Medical Students **	N/C _____	N/C _____

* Out of state Residents, please include a letter from the program director to verify enrollment.

**North Dakota Residents and all medical students are free, but please register to assure accurate counts for food orders and registration materials.

Meals and Special Events- (# Attending)	Adults	Children (12 and under)
Tuesday late afternoon Family Movie:	_____	_____
Thursday Evening Dinner	_____	_____ (\$10.00/adult, \$5.00/child – age 5-15)

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

Payment Method:

Check: _____ (Pay to the order of NDAFP)

Credit Card: _____ Visa _____ Mastercard _____

Credit card # _____

Expiration Date _____

Name on Card: _____

Signature: _____

Billing Address (if different from above) _____
