

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

REGISTRATION FORM— Please send this form to:

NDAFP/ Family Medicine Update

PO Box 426

Hazen, ND 58545

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

# of Adults \_\_\_\_\_ # of Children \_\_\_\_\_

|  | *Before Dec. 1 | After Dec. 1 |
|--|----------------|--------------|
| North Dakota AFP Members:  | \$500 _____    | \$550 _____  |
| All other physicians, FNP's, PA's, RN's and<br>other Specialities: | \$575 _____    | \$625 _____  |
| Residents—Outside of North Dakota                                  | \$350 _____    | \$400 _____  |
| North Dakota Residents & All Medical Students ** N/C               | _____          | N/C _____    |

\*Register by December 1, 2005 and save \$50 with the early registration discount.

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

Meals and Special Events-

Tuesday late afternoon Family Movie: Adults \_\_\_\_\_ Children \_\_\_\_\_

Wednesday Evening Dinner: Attendee \_\_\_\_\_ (Free)

Additional Adults \_\_\_\_\_ (\$20.00/adult)

Children \_\_\_\_\_ (\$10.00/child) (12 & Under)

Total \_\_\_\_\_

Payment Method:

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

Credit Card: \_\_\_\_\_ Card Type VS \_ MC\_ DSC\_ AMEX\_

Credit card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ VIN# (3 or 4 digit # on back of card) \_\_\_\_\_

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

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

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

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