



**Mississippi Academy of Family Physicians 2017 Annual Scientific Assembly
July 15-19 • Baytowne Conference Center • Sandestin, Florida**

REGISTRATION FORM

Badge Name:	Check One: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Fellow <input type="checkbox"/> NP
AAFP Member #:	Clinic Name:
Mobile Number:	Clinic Address:
E-mail:	Clinic City/State/ZIP:
Spouse/Guest Name:	Childrens' Name(s) and Age(s):
Spouse/Guest E-mail:	

<u>REGISTRATION TYPE:</u>	<u>FEE:</u>	<u>T-Shirt Size</u>	<u>Charge</u>
MAFP Active Member	<i>Fee Before July 1 - \$400; After July 1 - \$450</i>		\$
MAFP Life Member	<i>Fee Before July 1 - \$325; After July 1 - \$375</i>		\$
Non-MAFP Member	<i>Fee Before July 1 - \$525; After July 1 - \$550</i>		\$
Family Medicine Resident	<i>Fee Before July 1 - \$100; After July 1 - \$125</i>		\$
Spouse/Guest	<i>Fee Before July 1 - \$150; After July 1 - \$175</i>		\$

<u>Day</u>	<u>Event</u>	<u>Time</u>	<u>Fee</u>	<u># Participating</u>	<u>Charge</u>
Saturday, July 15	KSA Session: Preventive Care	1-5 pm	Member \$100, Non \$200	#	\$
Sunday, July 16	Soul Train Fun Run & Walk	6:30 am	\$25/person	#	\$
	(Choose One) <input type="checkbox"/> 5K Run <input type="checkbox"/> 1 Mile Walk Name(s): _____ T-shirt Size: _____ (Choose One) <input type="checkbox"/> 5K Run <input type="checkbox"/> 1 Mile Walk Name(s): _____ T-shirt Size: _____				
	Adult Abstract Art Class	3-5 pm	\$35/person	#	\$
	Family Fun Night	6:30-8 pm	Included in registration fee	#	n/a
Monday, July 17	Children's Art Adventure	9 am – 12 noon	\$55/child	#	\$
	Golf Tournament at The Raven	2 pm	\$130/player	#	\$
	Foursome & Handicaps: _____				
	Marina Bay Day	3-5 pm	Included in registration fee	#	n/a
Tuesday, July 18	Trail Horseback Ride for Kids	8 am – 12 noon	\$110/child	#	\$
	Spouse Bingo	9 am	Included in registration fee	#	n/a
	Kids-to-Kids Cooking Camp	2-4 pm	\$25/child	#	\$
	Casting and Splinting Workshop	2-5 pm	Member \$100, Non \$200	#	\$
	Charter Fishing Trip	2-6 pm	\$170/person	#	\$
	Kids' Night Out	6-9 pm	\$30/child	#	\$
	MAFP Dinner EXTRA Tickets	7:30 pm	\$65/person EXTRA tickets	#	\$
	MAFP Draw Down for Chance at \$10,000		\$100/ticket	#	\$
	Please check all that apply:		Insurance \$25/ticket	#	\$
	<input type="checkbox"/> If I win, please donate \$_____ to the Foundation. <input type="checkbox"/> If my name is one of the last 4 names & the other 3 names agree, I wish to split the \$10,000 four ways, winning \$2,500. <input type="checkbox"/> If my name is one of the last 3 names & the other 2 names agree, I wish to split the \$10,000 three ways, winning \$3,333. <input type="checkbox"/> If my name is one of the last 2 names & the other 1 name agrees, I wish to split the \$10,000 two ways, winning \$5,000. <input type="checkbox"/> I do not wish to split at any level.				
Beach Portraits	\$50 sitting fee. Photographer will contact you to arrange appointment.			#	\$
Syllabus	<input type="checkbox"/> Online <input type="checkbox"/> Hard Copy	\$75 per hard copy		#	\$
Kids T-shirts (write quantity):	<input type="checkbox"/> XS (2-4) <input type="checkbox"/> S (6-8) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (12-14) <input type="checkbox"/> Adult S	\$12/shirt		#	\$
TOTAL AMOUNT DUE:					\$



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CREDIT CARD INFORMATION:

Name as Printed on Card:	
Billing Address:	
Billing City/State/ZIP:	
Type of Card: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Card Number:	Expiration Date:
Authorization Number: (3 digits on back, or 4 digit on front of AmEx):	Amount of Payment: \$
Signature:	

_____ **First Time Attendee** (please check if first time to attend an MAFP Annual Meeting)

Do you or any of your guests have any physical, dietary restrictions, or food allergies? If so, please list below:

WHAT'S INCLUDED IN THE REGISTRATION FEE?		
<i>Event</i>	<i>Included in Registration Fee?</i>	<i>Included in Spouse Fee?</i>
<i>CME Sessions</i>	✓	
<i>Admission to Physician Marketplace</i>	✓	✓
<i>CME Luncheons</i>	✓	
<i>Family Fun Night</i>	✓	✓
<i>Sunrise Devotionals</i>	✓	✓
<i>Yoga</i>	✓	✓
<i>President's Reception & Draw Down</i>	✓	✓
<i>MAFP Dinner</i>	✓	✓
<i>Breaks</i>	✓	
<i>Breakfast Buffets</i>	✓	✓
<i>Bay Day</i>	✓	✓
<i>Spouse Bingo</i>		✓
<i>Convention T-shirt</i>	✓	✓
<i>Convention Gift</i>	✓	

CHILDREN 18 YEARS OR OLDER: Children 18 years or older who plan to attend any functions listed on this form must pay Guest registration fee.

CANCELLATION POLICY:

In the event your registration must be cancelled, your fee (less \$75.00) will be refunded if we are notified by July 1. No refunds will be made after July 1. **NO REGISTRATIONS OR ACTIVITIES MAY BE CANCELLED AFTER ARRIVING AT CONVENTION.**

Attendee list will include those who have registered by July 10, 2017.

ACCOMMODATIONS:

While in Destin, I will be staying (please check):

- ☐ Bayside
- ☐ Beachside Condo/Studio
- ☐ Beachwalk
- ☐ Grand Sandestin Hotel/Condo
- ☐ Lakeside
- ☐ Luau Condo
- ☐ Southside
- ☐ Village Studio
- ☐ Westwinds Condo
- ☐ Off Property

MAFP Use Only:

Date Received: _____

Amt. Paid: _____

Check #: _____

Balance Due: _____

**QUESTIONS? Contact MAFP Office at 601-853-3302 or
claire@msafp.org**

**Mail or fax completed form with payment to:
MAFP • 755 Avignon Drive • Ridgeland, MS 39157
Fax: 601-853-3002**